

When completed, mail this form to:

**CRASH RECORDS BUREAU
TEXAS DEPARTMENT OF PUBLIC SAFETY
PO BOX 4087
AUSTIN TEXAS 78773-0350**

PLEASE READ ALL INSTRUCTIONS CAREFULLY

The driver of a motor vehicle involved in a crash not investigated by a law enforcement officer and resulting in injury to or death of any person, or damage to the property of any one person, including himself, to any apparent extent of at least One Thousand Dollars (\$1,000), shall within ten (10) days after such crash complete and forward this report in accordance with the instructions below. This report is not required when a crash is investigated by a law enforcement officer unless specifically requested by authority of Section 4, Texas Motor Vehicle Safety-Responsibility Act (Texas Transportation Code, TRC §601.004).

WHO SHOULD COMPLETE A CRB-2	1.	The information on the reverse side of the CRB-2 must be completed and signed by the driver of the vehicle involved in the crash. If the driver is unable to complete the report, another person may submit the report on behalf of the driver, with an explanation as to why the driver was unable to complete the form.
LOCATION	2.	All data fields should be completed to the best of your knowledge; however, fields marked with an asterisk (*) are required data fields and should include sufficient information for DPS to process the report. This information is an important element in locating reports and maintaining an accurate filing system. *CITY OR TOWN in the Location section is a required field; if it is left blank the report will be returned.
DATE	3.	*DATE OF CRASH is a required data field and must include the specific month, day, and year the crash occurred. Please provide the time of the crash if known. If the date of the crash is not provided, the report will be returned.
VEHICLES	4.	In the section titled #1 YOUR VEHICLE , the name of the *DRIVER involved in the crash is a required data field. All remaining information should be completed to the best of your knowledge. In the section titled #2 OTHER VEHICLE , please specify if the crash involved another motor vehicle, a train, a pedestrian, etc. and provide the name of the other involved party on the line labeled DRIVER. Please complete the remaining information to the best of your knowledge.
PROPERTY DAMAGE	5.	If the crash involved " PROPERTY DAMAGE " please provide all available information. (Description of property, location, owner, etc.)
INJURIES	6.	In the section titled #1 INJURED PERSON , select the position of the occupant in your vehicle that was injured as a result of the crash and complete all data fields on that person. In the section titled #2 INJURED PERSON , select the position of the other person involved in the crash that was injured and complete all data fields to the best of your knowledge. If known, please indicate if the injured person wore a seatbelt.
DRIVER'S STATEMENT	7.	" STATE BRIEFLY WHAT HAPPENED " In this section, please provide a narrative description of the facts regarding this crash. If space is insufficient, attach a FULL SIZE sheet of paper for continuation. PLEASE DO NOT SEND PHOTOGRAPHS! Photographs cannot be returned.
SIGNATURE	8.	Please review the report to insure accuracy and completeness as this will expedite the processing of the report and avoid having the report returned for insufficient information. Once you are satisfied with the completeness of the report, sign in black or blue ink and mail to the address at the top of the page.

LOCATION

PLACE WHERE CRASH OCCURRED COUNTY _____ *CITY OR TOWN _____

IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES NORTH S E W OF _____ CITY OR TOWN _____

ROAD ON WHICH CRASH OCCURRED _____ CONSTR. YES NO SPEED LIMIT _____
 BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER _____

COMPLETE ONE INTERSECTING STREET _____ CONSTR. YES NO SPEED LIMIT _____
 BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER _____

NOT AT INTERSECTION _____ FEET NORTH S E W OF _____
SHOW NEAREST INTERSECTING NUMBERED HIGHWAY. IF URBAN, SHOW NEAREST INTERSECTING STREET.

DATE

*DATE OF CRASH _____ 20____ DAY OF WEEK _____ HOUR _____ A.M. P.M. IF EXACTLY NOON OR MIDNIGHT, SO STATE

VEHICLES

#1 - YOUR VEHICLE VEHICLE IDENT. NO. _____

YEAR MODEL _____ MAKE/MODEL _____ TYPE OF VEHICLE _____ LICENSE PLATE _____ YEAR _____ STATE _____ NUMBER _____
FORD, CHEV., ETC. SEDAN, TRUCK, VAN, ETC.

*DRIVER LAST _____ FIRST _____ MI _____ MAIL ADDRESS _____ CITY AND STATE _____ ZIP _____

DRIVER'S LICENSE _____ DATE OF BIRTH _____ SEX _____ RACE _____

OWNER LAST _____ FIRST _____ MI _____ MAIL ADDRESS _____ CITY _____ STATE _____ ZIP _____

INSURANCE INFORMATION _____
INSURANCE COMPANY NAME (NOT THE AGENT) ADDRESS CITY STATE ZIP POLICY NUMBER

#2 - OTHER VEHICLE MOTOR VEHICLE TRAIN PEDESTRIAN BICYCLIST OTHER
(COMPLETE INFORMATION YOU HAVE AVAILABLE - IF UNKNOWN, MARK "NOT KNOWN")

YEAR MODEL _____ MAKE/MODEL _____ TYPE OF VEHICLE _____ LICENSE PLATE _____ YEAR _____ STATE _____ NUMBER _____
FORD, CHEV., ETC. SEDAN, TRUCK, VAN, ETC.

*DRIVER LAST _____ FIRST _____ MI _____ MAIL ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER LAST _____ FIRST _____ MI _____ MAIL ADDRESS _____ CITY _____ STATE _____ ZIP _____

INSURANCE INFORMATION _____
INSURANCE COMPANY NAME (NOT THE AGENT) ADDRESS CITY STATE ZIP POLICY NUMBER

FOR OTHER VEHICLES USE ANOTHER FORM

DAMAGE TO PROPERTY OTHER THAN VEHICLES _____ APPROXIMATE COST TO REPAIR \$ _____
NAME OBJECT, SHOW OWNERSHIP, AND STATE NATURE OF DAMAGE

INJURIES

#1-INJURED PERSON DRIVER PASSENGER PEDESTRIAN OTHER

NAME _____ ADDRESS _____

AGE _____ SEX _____ RACE _____ WAS PERSON KILLED? _____ DATE OF DEATH _____

DESCRIBE INJURY _____

SEAT BELT USED NOT USED

#2-INJURED PERSON DRIVER PASSENGER PEDESTRIAN OTHER

NAME _____ ADDRESS _____

AGE _____ SEX _____ RACE _____ WAS PERSON KILLED? _____ DATE OF DEATH _____

DESCRIBE INJURY _____

SEAT BELT USED NOT USED

STATE BRIEFLY WHAT HAPPENED (IF SPACE IS INSUFFICIENT CONTINUE ON ANOTHER PAGE) **PLEASE DO NOT SEND PHOTOGRAPHS**

★ DRIVER'S SIGNATURE _____ DATE OF REPORT _____
(PLEASE USE BLUE OR BLACK INK ONLY)

**ACCIDENT INVESTIGATORS
REPORT**

COMPLAINANT CONTACTED BY: _____ DATE _____ TIME _____

PERSON CONTACTED: _____

OTHER VEHICLE REGISTERED TO: _____ ADDRESS _____

DRIVER OF OTHER VEHICLE CONTACTED BY: _____ DATE _____ TIME _____

(INVESTIGATING OFFICER WILL ENTER ALL PERTINENT INFORMATION ON OTHER DRIVER ON REVERSE SIDE)

REMARKS BY INVESTIGATING OFFICER _____

SIGNATURE _____ INVESTIGATOR

DATE OF REPORT _____