DRIVER'S CRASH REPORT
FORM CRB-2 (Rev. 1/1/06)

PLEASE READ INSTRUCTIONS ON REVERSE SIDE
* INDICATES REQUIRED FIELDS

TEXAS DEPARTMENT OF PUBLIC SAFETY

LOCATION

PLACE WHERE CRASH OCCURRED COUNTY _____   * CITY OR TOWN_____

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

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

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

NOT AT INTERSECTION _____ FEET ☐ ☐ ☐ ☐ OF
NORTH S E W
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 _____
CHEVY, FORD, ETC.   SEDAN, TRUCK, VAN, ETC.   YEAR   STATE   NUMBER

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

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

APPROX. COST TO REPAIR YOUR VEHICLE $_____

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 _____
CHEVY, FORD, ETC.   SEDAN, TRUCK, VAN, ETC.   YEAR   STATE   NUMBER

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 ADDITIONAL VEHICLES USE ANOTHER FORM

DAMAGE TO PROPERTY OTHER THAN VEHICLES _____   APPROX. 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   PLEASE DO NOT SEND PHOTOGRAPHS
(IF SPACE IS INSUFFICIENT CONTINUE ON ANOTHER PAGE)

_____
_____
_____
_____
_____
_____

★ **DRIVER'S SIGNATURE** _____   DATE OF REPORT _____
(Please use blue or black ink only)