

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

\* INDICATES REQUIRED FIELDS

**LOCATION**

**PLACE WHERE CRASH OCCURRED** COUNTY \_\_\_\_\_ \* **CITY OR TOWN** \_\_\_\_\_

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

**ROAD ON WHICH CRASH OCCURRED** \_\_\_\_\_ CONSTR.  YES  NO SPEED LIMIT \_\_\_\_\_  
BLOCK NUMBER \_\_\_\_\_ STREET OR ROAD NAME \_\_\_\_\_ ROUTE NUMBER \_\_\_\_\_  
ZONE  YES  NO

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

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 \_\_\_\_\_ MAKE / MODEL \_\_\_\_\_ TYPE OF VEHICLE \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_  
MODEL \_\_\_\_\_ MAKE / MODEL \_\_\_\_\_ CHEVY, FORD, ETC. SEDAN, TRUCK, VAN, ETC. YEAR \_\_\_\_\_ STATE \_\_\_\_\_ NUMBER \_\_\_\_\_

\* **DRIVER** \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ MAIL ADDRESS \_\_\_\_\_ CITY AND STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_ STATE \_\_\_\_\_ NUMBER \_\_\_\_\_ 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 \_\_\_\_\_

APPROX. COST TO REPAIR YOUR VEHICLE \$ \_\_\_\_\_

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

YEAR \_\_\_\_\_ MAKE / MODEL \_\_\_\_\_ TYPE OF VEHICLE \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_  
MODEL \_\_\_\_\_ MAKE / MODEL \_\_\_\_\_ 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 \_\_\_\_\_

**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)

When completed, mail this form to:

**CRASH RECORDS BUREAU  
TEXAS DEPARTMENT OF PUBLIC SAFETY  
PO BOX 4087  
AUSTIN TEXAS 78773-0001**

**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 <b>required data fields</b> 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. <b>*CITY OR TOWN</b> in the Location section is a required field; if it is left blank the report will be returned to you.
DATE	3.	<b>*DATE OF CRASH</b> is a <b>required data field</b> 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 to you.
VEHICLES	4.	In the section titled <b>#1 YOUR VEHICLE</b> , the name of the <b>*DRIVER</b> involved in the crash is a <b>required data field</b> . All remaining information should be completed to the best of your knowledge. In the section titled <b>#2 OTHER VEHICLE</b> , 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 " <b>PROPERTY DAMAGE</b> " please provide all available information. (Description of property, location, owner, etc.)
INJURIES	6.	In the section titled <b>#1 INJURED PERSON</b> , 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 <b>#2 INJURED PERSON</b> , 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.	<b>"STATE BRIEFLY WHAT HAPPENED"</b> In this section please provide a narrative description of the facts regarding this crash. If space is insufficient, attach a <b>FULL SIZE</b> sheet of paper for continuation. <b>PLEASE DO NOT SEND PHOTOGRAPHS!</b> 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.