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), must within 10 days after such crash complete and forward this report in accordance with the instructions below.

Who Should Complete a CR_2? The CR_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.

<table>
<thead>
<tr>
<th>Section of Form</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION</td>
<td>Complete all data fields to the best of your knowledge; however, fields marked with an asterisk (*) are <strong>required data fields</strong> and should include sufficient information for TxDOT to process the report. This information is an important element in locating reports and maintaining an accurate filing system. <strong>County or City</strong> in the LOCATION portion is required; if this information is not provided, the report will be returned to you.</td>
</tr>
<tr>
<td>DATE</td>
<td><strong>Date of Crash</strong> is a <strong>required data field</strong> and must include the specific month, day, and year the crash occurred. Please provide the time of the crash if known. Only provide one date; if the exact date is unknown, provide the date that the damage was discovered. If the date of the crash is not provided, the report will be returned to you.</td>
</tr>
<tr>
<td>VEHICLES</td>
<td>In the portion titled <strong>#1 Your Vehicle</strong>, the name of the <strong>Driver</strong> involved in the crash is a <strong>required data field</strong>. All remaining information should be completed to the best of your knowledge. In the portion titled <strong>#2 Other Vehicle</strong>, 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 <strong>Driver</strong>. Please complete the remaining information to the best of your knowledge.</td>
</tr>
<tr>
<td>DAMAGE TO PROPERTY</td>
<td>If the crash involved <strong>damage to property other than vehicles</strong>, please provide all available information (description of property, location, owner, etc.).</td>
</tr>
<tr>
<td>INJURIES</td>
<td>In the portion titled <strong>#1 Injured Person</strong>, 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 portion titled <strong>#2 Injured Person</strong>, 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.</td>
</tr>
<tr>
<td>DRIVER'S STATEMENT</td>
<td><strong>State Briefly What Happened.</strong> In this section please provide a narrative description of the facts regarding this crash. If space is insufficient, attach a <strong>full size</strong> sheet of paper for continuation. <strong>Please do not send photographs!</strong> Photographs cannot be returned.</td>
</tr>
<tr>
<td>SIGNATURE</td>
<td>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 this instruction page.</td>
</tr>
</tbody>
</table>
DRIVER’S CRASH REPORT

* Indicates Required Field

Questions? Call: 844/274-7457

Location

Place Where Crash Occurred
* County: _____________________________
If crash was outside city limits, indicate distance from nearest town ______ miles □ N □ S □ E □ W of _____________________________
* City or Town: _____________________________
City or Town Constr. Zone □ Yes □ No Speed Limit ______
Road on which crash occurred
Complete one:
• Intersecting street
  Block Number _____________________________ Street or Road Name _____________________________ Route Number ______
  Constr. Zone □ Yes □ No Speed Limit ______
• Not at intersection
  Block Number _____________________________ Street or Road Name _____________________________ Route Number ______
  Constr. Zone □ Yes □ No Speed Limit ______
Show nearest intersecting numbered highway. If urban, show nearest intersecting street.

Date

* Date of Crash _____________________________ Day of Week _____________________________ Hour ______ a.m. □ p.m. □ If exactly noon or midnight, so state.

Vehicles

#1 — Your Vehicle
Year Model _____________________________ Make/Model _____________________________ Vehicle Ident. No. _____________________________
* Type of Vehicle _____________________________ License _____________________________ Plate _____________________________
* Driver
  Last _____________________________ First _____________________________ M.I. _____________________________ Mail Address _____________________________
  City & State _____________________________ Zip _____________________________
  State _____________________________ Number _____________________________ Date of Birth _____________________________ Sex _____________________________ Race _____________________________
Owner
  Last _____________________________ First _____________________________ M.I. _____________________________ Mail Address _____________________________
  City & State _____________________________ Zip _____________________________
Insurance Information
  Insurance Company Name (not the agent) _____________________________ Address _____________________________
  City _____________________________ State _____________________________ Zip _____________________________ Policy Number _____________________________

#2 — Other Vehicle
Year Model _____________________________ Make/Model _____________________________ Vehicle Ident. No. _____________________________
* Type of Vehicle _____________________________ License _____________________________ Plate _____________________________
Motor Vehicle □ Train □ Pedestrian □ Bicyclist □ Other □
(Complete information you have available — if unknown, mark "Not Known")
Driver
  Last _____________________________ First _____________________________ M.I. _____________________________ Mail Address _____________________________
  City & State _____________________________ Zip _____________________________
Owner
  Last _____________________________ First _____________________________ M.I. _____________________________ 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 □ Bicyclist □ 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
(Please use blue or black ink only.) _____________________________
Date of Report _____________________________