

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

LOCATION

PLACE WHERE ACCIDENT OCCURRED COUNTY _____ CITY OR TOWN _____

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

ROAD ON WHICH ACCIDENT OCCURRED _____

BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER _____

CONSTR. YES SPEED ZONE NO LIMIT _____

COMPLETE ONE

INTERSECTING STREET _____

BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER _____

CONSTR. YES SPEED ZONE NO LIMIT _____

NOT AT INTERSECTION _____ FEET NORTH S E W OF _____

SHOW NEAREST INTERSECTING NUMBERED HIGHWAY. IF URBAN, SHOW NEAREST INTERSECTING STREET.

DO NOT WRITE IN THIS SPACE

DPS NO. _____
LOC _____
CODE _____
SEVERITY _____
TYPE _____

TIME

DATE OF ACCIDENT _____ 20 _____ DAY OF WEEK _____ HOUR _____

A.M. IF EXACTLY NOON OR MIDNIGHT, SO STATE P.M.

VEHICLES

YOUR VEHICLE

YEAR MODEL _____ MAKE _____ TYPE OF VEHICLE _____ LICENSE PLATE _____

FORD, CHEV., ETC. SEDAN, PICKUP, TRUCK, ETC. YEAR STATE NUMBER

OWNER NAME _____ MAIL ADDRESS _____ CITY AND STATE _____ ZIP _____

DRIVER NAME _____ MAIL ADDRESS _____ CITY AND STATE _____ ZIP _____

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

APPROX. COST TO REPAIR YOUR VEHICLE \$ _____

OTHER UNIT - MOTOR VEHICLE, TRAIN, PEDESTRIAN, BICYCLIST, ETC. - INDICATE WHICH (COMPLETE INFORMATION YOU HAVE AVAILABLE - IF UNKNOWN, MARK "NOT KNOWN")

YEAR MODEL _____ MAKE _____ TYPE OF VEHICLE _____ LICENSE PLATE _____

FORD, CHEV., ETC. SEDAN, PICKUP, TRUCK, ETC. YEAR STATE NUMBER

OWNER NAME _____ MAIL ADDRESS _____ CITY AND STATE _____ ZIP _____

DRIVER NAME _____ MAIL ADDRESS _____ CITY AND STATE _____ ZIP _____

APPROX. COST TO REPAIR THIS VEHICLE \$ _____

FOR OTHER VEHICLES USE ANOTHER FORM
TOTAL VEHICLES INVOLVED _____

DAMAGE TO PROPERTY OTHER THAN VEHICLES

NAME OBJECT, SHOW OWNERSHIP, AND STATE NATURE OF DAMAGE _____

APPROXIMATE COST TO REPAIR \$ _____

CASUALTIES

NO. 1 (SHOW ONLY PEDESTRIANS OR PERSONS INJURED IN YOUR VEHICLE)

NAME _____ ADDRESS _____

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

DESCRIBE INJURY _____

DRIVER RIGHT FRONT
 PASSENGER RIGHT REAR
 PEDESTRIAN CENTER REAR
SEAT BELT USED NOT USED

NO. 2

NAME _____ ADDRESS _____

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

DESCRIBE INJURY _____

DRIVER RIGHT FRONT
 PASSENGER RIGHT REAR
 PEDESTRIAN CENTER REAR
 LEFT REAR
SEAT BELT USED NOT USED

STATE BRIEFLY WHAT HAPPENED (IF SPACE IS INSUFFICIENT CONTINUE ON ANOTHER PAGE)

★ DRIVER'S SIGNATURE _____ DATE OF REPORT _____

IMPORTANT! COMPLETE REQUIRED INSURANCE INFORMATION ON OTHER SIDE

PLEASE READ ALL INSTRUCTIONS CAREFULLY

**THIS FORM CONTAINS TWO SEPARATE REPORTS WHICH WILL
BE DESTROYED AFTER COMPLETION OF ALL PROCESSING**

The driver of a motor vehicle involved in an accident **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 an apparent extent of at least One Thousand Dollars (\$1,000), shall within ten (10) days after such accident complete and forward these reports in accordance with the instructions below. These reports are not required when an accident 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).

**INSTRUCTIONS FOR COMPLETING DRIVER'S ACCIDENT REPORT (FORM ST-2)
(On other side of this form)**

1. The report on the other side of this sheet should be prepared and signed by the driver; however, if the driver is unable to make the report for some valid reason, the report may be submitted by another person with a notation as to the reason the driver could not report.
2. Print all names and addresses. Include sufficient information for "Location" and "Time" so that exact date and place of accident may be determined. Answer all questions to the best of your knowledge. If unable to answer any question, mark "not known."
3. If the "other unit" is a pedestrian, bicycle, train or other non-motor vehicle, please specify and show the name of pedestrian, bicyclist, etc. on line labeled "Driver."
4. If accident involved a fixed object, describe it fully, show its exact location and state whether it was protected by flags, painting and/or lights.
5. The narrative description of the accident should contain a brief statement of the facts regarding the accident. If additional space is needed, use a full size sheet of paper for continuation.
6. An accurate original signed report will avoid the necessity for a supplemental report.

**TEXAS MOTOR VEHICLE ACCIDENT INSURANCE INFORMATION (FORM-21) Rev. 2/97
IMPORTANT**

Note: Under certain conditions, Section 5 of the Texas Motor Vehicle Safety-Responsibility Act (Texas Transportation Code, TRC §601.004) requires suspension of driver's license, registration receipts and license plates of uninsured motorists involved in motor vehicle accidents resulting in bodily injury or death, or damages to the property of any one person of at least \$1,000.00. The Accident Insurance Information (Form SR-21) is a public document.

This report may be prepared and signed by either the driver or owner of the involved vehicle.

DID YOU HAVE AT LEAST \$20,000/40,000 BODILY INJURY AND \$15,000 PROPERTY DAMAGE LIABILITY INSURANCE IN EFFECT ON THE DATE OF THE ACCIDENT? YES NO

If the above is answered "Yes" answer all the items in the box below.

Date of Accident _____	Place of Accident _____	City or Town _____	County _____
Make of Vehicle Involved in Accident _____	Year _____	Type _____	Vehicle Identification No. _____
Name of Your Liability Insurance Co. (Not the Agent) _____	Owner's Name _____	Owner's Address _____	
Policy No. _____	Driver's Name _____	Driver's Address _____	
Usual Signature _____	<input type="checkbox"/> Owner <input type="checkbox"/> Driver		

When completed, mail this form to: ACCIDENT RECORDS BUREAU
TEXAS DEPARTMENT OF PUBLIC SAFETY
BOX 4087
AUSTIN TX 78773-0001