

(Please read instructions on reverse side)
DRIVER'S CRASH REPORT

* Indicates Required Field

Questions? Call: 512/486-5780

LOCATION	Place Where Crash Occurred * County: _____ * City or Town: _____	
	If crash was outside city limits, indicate distance from nearest town _____ miles <input type="checkbox"/> North <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____ City or Town	
	Road on which crash occurred _____	Constr. <input type="checkbox"/> Yes <input type="checkbox"/> No Speed Limit _____
	Block Number _____ Street or Road Name _____ Route Number _____	
Complete one:		Constr. <input type="checkbox"/> Yes <input type="checkbox"/> No Speed Limit _____
• Intersecting street _____		
Block Number _____ Street or Road Name _____ Route Number _____		
• Not at intersection _____ Feet <input type="checkbox"/> North <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of _____		
Show nearest intersecting numbered highway. If urban, show nearest intersecting street.		

DATE	* Date of Crash _____ Day of Week _____ Hour _____	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. If exactly noon or midnight, so state.
-------------	--	--

VEHICLES	#1 — Your Vehicle		Vehicle Ident. No. _____
	Year Model _____	Make/Model _____	Type of Vehicle _____
	Chevy, Ford, etc. _____		Sedan, Truck, Van, etc. _____
	Year _____ State _____		License Plate Number _____
	* Driver _____		
	Last _____ First _____ M.I. _____	Mail Address _____ City & State _____ Zip _____	
	Driver's License _____	Date of Birth _____	Sex _____ Race _____
	State _____ Number _____		
	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			
Motor Vehicle <input type="checkbox"/> Train <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other <input type="checkbox"/>			
(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 _____ 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 _____			

Approx. cost to repair your vehicle
\$ _____

DAMAGE TO PROPERTY OTHER THAN VEHICLES	_____	Approx. cost to repair \$ _____
Name object, show ownership, and state nature of damage.		

INJURIES	#1 Injured Person Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other <input type="checkbox"/> : _____	
	Name _____	Address _____
	Age _____ Sex _____ Race _____	Was Person Killed? _____ Date of Death _____
	Describe Injury _____	
	Seat Belt <input type="checkbox"/> Used <input type="checkbox"/> Not Used	
	#2 Injured Person Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other <input type="checkbox"/> : _____	
	Name _____	Address _____
	Age _____ Sex _____ Race _____	Was Person Killed? _____ Date of Death _____
Describe Injury _____		
Seat Belt <input type="checkbox"/> Used <input type="checkbox"/> 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 _____
-----------------------------	--	-----------------------------