

(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:	
	• Intersecting street _____	Constr. <input type="checkbox"/> Yes <input type="checkbox"/> No Speed Limit _____
	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. If exactly noon or midnight, so state. <input type="checkbox"/> P.M.
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VEHICLES	#1 — Your Vehicle	
	Year _____ Make/Model _____ Type of Vehicle _____ License Plate _____	Vehicle Ident. No. _____
	Model _____ Chevy, Ford, etc. _____ Sedan, Truck, Van, etc. _____	Year _____ State _____ Number _____
	* Driver _____ Last _____ First _____ M.I. _____ Mail Address _____ City & State _____ Zip _____	
	Driver's License _____ Date of Birth _____ Sex _____ Race _____	Approx. cost to repair your vehicle \$ _____
	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	
Year _____ Make/Model _____ Type of Vehicle _____ License Plate _____	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")	
Model _____ 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 _____		

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