

# Instructions for DRIVER'S CRASH REPORT

**PLEASE RETAIN THIS FORM FOR YOUR RECORDS**

This form is to be used when the driver of a motor vehicle is involved in a crash not investigated by a law enforcement officer that results in injury to or death of any person, or damage to the property of any one person, including the driver, to the apparent extent of at least one thousand dollars (\$1,000).

**Who Should Complete a Driver's Crash Report (form CR-2)?** The Driver's Crash Report is 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 complete the report on behalf of the driver, with an explanation as to why the driver was unable to complete the form.

Section of Form	Instructions
<b>LOCATION</b>	This section includes fields that describe the location of the crash or place where the crash occurred. Fields include: County, City/Town, Location outside city limit information (distance from nearest town, town/city name and direction), Road information (Block Number, Street/Road Name, Route Number), if the crash was in a Construction Zone (Constr. Zone), Posted Speed Limit, Intersection Related Information (Intersecting Street, Block, Street/Road Name or Route Number) and nearest intersection information.
<b>DATE</b>	This section provides the date information, as to when the crash occurred. Fields include: Date of Crash (MMDDYYYY), Day of Week, Hour (AM/PM).
<b>VEHICLES</b>	This section includes fields that describe the vehicles (units) involved in the crash. #1-Your Vehicle describes your vehicle involved in the crash. #2-Other Vehicle describes the other unit involved in the crash. This can be another motor vehicle, train, pedestrian, bicyclist or other (motor conveyance). Fields include: Vehicle Identification Number (VIN), Year of Model, Make/Model, Type of Vehicle, Driver Name (Last, First and Middle Initial [MI]), Driver Mailing Address, Driver License State and Number, Date of Birth, Sex, Race, Vehicle Owner Information (Owner Name [Last, First and MI], Owner Mailing Address) and Insurance Information (Insurance Company Name, Insurance Company Mailing Address and Policy Number).
<b>DAMAGE TO PROPERTY</b>	If the crash involved damage to property other than a vehicle, train, pedestrian or bicyclist, this section describes the property damaged (example: guardrail or stop sign) including an object description, object owner, state of damaged object and approximate cost of repair.
<b>INJURIES</b>	In the portion titled #1 Injured Person, select the position of the occupant in your vehicle (#1-Your Vehicle) that was injured as a result of the crash and complete all data fields on that person. In the portion titled #2 Injured Person, 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, indicate if the injured person wore a seatbelt.
<b>DRIVER'S STATEMENT</b>	In this portion of the form, state factual information as to what happened.
<b>SIGNATURE</b>	In this portion of the form, the Driver should sign and date the report.

# DRIVER'S CRASH REPORT

## For Your Records Only

<b>LOCATION</b>	<b>Place Where Crash Occurred</b>		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		Block Number _____	Street or Road Name _____	Route Number _____	Constr. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Speed Limit _____
	Complete one:						
• Intersecting street		Block Number _____	Street or Road Name _____	Route Number _____	Constr. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	Speed Limit _____	
• 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 or street.			

<b>DATE</b>	Date of Crash _____	Day of Week _____	Hour _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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<b>VEHICLES</b>	<b>#1 — Your Vehicle</b>							Approx. cost to repair your vehicle \$ _____	
	Year _____	Make/Model _____	Type of Vehicle _____	License Plate _____	Year _____	State _____	Number _____		
	Vehicle Ident. No. _____								
	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 _____
<b>#2 — Other Vehicle</b>									
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 _____	Make/Model _____	Type of Vehicle _____	License Plate _____	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 _____		

<b>Damage to Property other than vehicles</b> _____	Approx. cost to repair \$ _____
Name object, show ownership, and state nature of damage.	

<b>INJURIES</b>	<b>#1 Injured Person</b>						
	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
	<b>#2 Injured Person</b>						
	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.)

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* Driver's Signature _____	Date of Report _____
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