

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		<input type="checkbox"/> NORTH <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF _____ CITY OR TOWN		
	ROAD ON WHICH ACCIDENT OCCURRED		BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER _____
	COMPLETE ONE <input type="checkbox"/> INTERSECTING STREET <input type="checkbox"/> NOT AT INTERSECTION _____ FEET		BLOCK NUMBER _____	STREET OR ROAD NAME _____	ROUTE NUMBER _____
		CONSTR. <input type="checkbox"/> YES <input type="checkbox"/> NO SPEED ZONE _____ LIMIT _____		CONSTR. <input type="checkbox"/> YES <input type="checkbox"/> NO SPEED ZONE _____ LIMIT _____	
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 _____	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. IF EXACTLY NOON OR MIDNIGHT, SO STATE
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VEHICLES	YOUR VEHICLE				
	YEAR _____	MODEL _____	MAKE _____	TYPE OF VEHICLE _____	LICENSE PLATE _____
			FORD, CHEV., ETC.	SEDAN, PICKUP, TRUCK, ETC.	YEAR _____ STATE _____ NUMBER _____
	OWNER _____		MAIL ADDRESS _____		CITY AND STATE _____ ZIP _____
	DRIVER _____		MAIL ADDRESS _____		CITY AND STATE _____ ZIP _____
	DRIVER'S LICENSE _____		DATE OF BIRTH _____	SEX _____	RACE _____
			STATE _____	NUMBER _____	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 _____
			FORD, CHEV., ETC.	SEDAN, PICKUP, TRUCK, ETC.	YEAR _____ STATE _____ NUMBER _____
OWNER _____		MAIL ADDRESS _____		CITY AND STATE _____ ZIP _____	
DRIVER _____		MAIL ADDRESS _____		CITY AND STATE _____ ZIP _____	
				APPROX. COST TO REPAIR THIS VEHICLE \$ _____	

DAMAGE TO PROPERTY OTHER THAN VEHICLES	APPROXIMATE COST TO REPAIR \$ _____
NAME OBJECT, SHOW OWNERSHIP, AND STATE NATURE OF DAMAGE _____	

CASUALTIES	NO. 1 (SHOW ONLY PEDESTRIANS OR PERSONS INJURED IN YOUR VEHICLE)				
	NAME _____		ADDRESS _____		
	AGE _____	SEX _____	RACE _____	DATE OF DEATH _____	<input type="checkbox"/> DRIVER <input type="checkbox"/> RIGHT FRONT <input type="checkbox"/> PASSENGER <input type="checkbox"/> RIGHT REAR <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> CENTER REAR <input type="checkbox"/> LEFT REAR SEAT BELT <input type="checkbox"/> USED <input type="checkbox"/> NOT USED
	DESCRIBE INJURY _____				
CASUALTIES	NO. 2				
	NAME _____		ADDRESS _____		
	AGE _____	SEX _____	RACE _____	DATE OF DEATH _____	<input type="checkbox"/> DRIVER <input type="checkbox"/> RIGHT FRONT <input type="checkbox"/> PASSENGER <input type="checkbox"/> RIGHT REAR <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> CENTER REAR <input type="checkbox"/> LEFT REAR SEAT BELT <input type="checkbox"/> USED <input type="checkbox"/> NOT USED
	DESCRIBE INJURY _____				

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