

IMPORTANT NOTE: Effective September 1, 2017, per the 85th Texas Legislature Senate Bill 312, Driver's Crash Reports (form CR-2) are no longer retained by the Texas Department of Transportation. The drivers involved in a crash not investigated by a Peace Officer should retain this form for their records.

Section of Form	Instructions
LOCATION	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.
DATE	This section provides the date information, as to when the crash occurred. Fields include: Date of Crash (MMDDYYYY), Day of Week, Hour (AM/PM).
VEHICLES	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).
DAMAGE TO PROPERTY	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.
INJURIES	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.
DRIVER'S STATEMENT	In this portion of the form, state factual information as to what happened.
SIGNATURE	In this portion of the form, the Driver should sign and date the report.