

# 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  NORTH  S  E  W OF \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_

ROAD ON WHICH ACCIDENT OCCURRED \_\_\_\_\_

BLOCK NUMBER \_\_\_\_\_ STREET OR ROAD NAME \_\_\_\_\_ ROUTE NUMBER \_\_\_\_\_

CONSTR.  YES SPEED ZONE  NO LIMIT \_\_\_\_\_

COMPLETE ONE

INTERSECTING STREET \_\_\_\_\_

BLOCK NUMBER \_\_\_\_\_ STREET OR ROAD NAME \_\_\_\_\_ ROUTE NUMBER \_\_\_\_\_

CONSTR.  YES SPEED ZONE  NO LIMIT \_\_\_\_\_

NOT AT INTERSECTION \_\_\_\_\_ FEET  NORTH  S  E  W OF \_\_\_\_\_

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 \_\_\_\_\_

A.M. IF EXACTLY NOON OR MIDNIGHT, SO STATE  P.M.

**VEHICLES**

**YOUR VEHICLE**

YEAR MODEL \_\_\_\_\_ MAKE \_\_\_\_\_ TYPE OF VEHICLE \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_

FORD, CHEV., ETC. SEDAN, PICKUP, TRUCK, ETC. YEAR STATE NUMBER

OWNER NAME \_\_\_\_\_ MAIL ADDRESS \_\_\_\_\_ CITY AND STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER NAME \_\_\_\_\_ MAIL ADDRESS \_\_\_\_\_ CITY AND STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER'S LICENSE STATE \_\_\_\_\_ NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

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 \_\_\_\_\_ TYPE OF VEHICLE \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_

FORD, CHEV., ETC. SEDAN, PICKUP, TRUCK, ETC. YEAR STATE NUMBER

OWNER NAME \_\_\_\_\_ MAIL ADDRESS \_\_\_\_\_ CITY AND STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRIVER NAME \_\_\_\_\_ MAIL ADDRESS \_\_\_\_\_ CITY AND STATE \_\_\_\_\_ ZIP \_\_\_\_\_

APPROX. COST TO REPAIR THIS VEHICLE \$ \_\_\_\_\_

FOR OTHER VEHICLES USE ANOTHER FORM  
TOTAL VEHICLES INVOLVED \_\_\_\_\_

**DAMAGE TO PROPERTY OTHER THAN VEHICLES**

NAME OBJECT, SHOW OWNERSHIP, AND STATE NATURE OF DAMAGE \_\_\_\_\_

APPROXIMATE COST TO REPAIR \$ \_\_\_\_\_

**CASUALTIES**

**NO. 1 (SHOW ONLY PEDESTRIANS OR PERSONS INJURED IN YOUR VEHICLE)**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_ WAS PERSON KILLED? \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

DESCRIBE INJURY \_\_\_\_\_

DRIVER  RIGHT FRONT  
 PASSENGER  RIGHT REAR  
 PEDESTRIAN  CENTER REAR  
SEAT BELT  USED  NOT USED

**NO. 2**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_ WAS PERSON KILLED? \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

DESCRIBE INJURY \_\_\_\_\_

DRIVER  RIGHT FRONT  
 PASSENGER  RIGHT REAR  
 PEDESTRIAN  CENTER REAR  
 LEFT REAR  
SEAT BELT  USED  NOT USED

**STATE BRIEFLY WHAT HAPPENED (IF SPACE IS INSUFFICIENT CONTINUE ON ANOTHER PAGE)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

★ 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.

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**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