



(Please read instructions on reverse side) DRIVER'S CRASH REPORT

* Indicates Required Field

Questions? Call: 512/486-5760

LOCATION Place Where Crash Occurred * County: * City or Town: Road on which crash occurred Block Number Street or Road Name Route Number

DATE * Date of Crash Day of Week Hour

VEHICLES #1 - Your Vehicle Year Model Make/Model Type of Vehicle License Plate * Driver Driver's License State Number Date of Birth Sex Race Race Owner Insurance Information #2 - Other Vehicle Motor Vehicle Train Pedestrian Bicyclist Other

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

INJURIES #1 Injured Person Driver Passenger Pedestrian Other Name Address Age Sex Race Was Person Killed? Date of Death Describe Injury Seat Belt Used Not Used #2 Injured Person Driver Passenger Pedestrian Other Name Address Age Sex Race Was Person Killed? Date of Death Describe Injury Seat Belt Used 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