

INSTRUCTIONS:

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 due to the fact that the damage appears to be less than one thousand dollars (\$1,000). This includes, but is not limited to accidents not on public roadways (parking lots).

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 and submit to their insurance company.



DRIVER'S NON-REPORTABLE CRASH FOR YOUR RECORDS ONLY

Montgomery County Sheriff's Office
936-760-5800



LOCATION	Place Where Crash Occurred _____ County: _____ City or Town: _____	
	If crash was outside city limits, indicate distance from nearest town _____ miles of _____ City or Town North S E W <input type="checkbox"/> <input type="checkbox"/>	
VEHICLES	Road on which crash occurred _____ Constr. <input type="checkbox"/> Yes Speed Zone <input type="checkbox"/> No Limit _____ Block Number _____ Street or Road Name _____ Route Number _____	
	Complete one: • Intersecting street _____ Constr. <input type="checkbox"/> Yes Speed Zone <input type="checkbox"/> No Limit _____ Block Number _____ Street or Road Name _____ Route Number _____	
	• Not at intersection _____ feet of _____ North S E W Show nearest intersecting numbered highway. If urban, show nearest intersecting street	
	Parking Lot Private Drive Other _____ Description of Location (Ex: Grocery Store, Pharmacy, etc...)	
DATE	Date of Crash _____ Day of Week _____ Hour _____ <input type="checkbox"/> a.m. If exactly noon or <input type="checkbox"/> p.m. midnight, so state.	
VEHICLES	#1 - Your Vehicle (Complete information you have available — if unknown, mark "Not Known")	
	Vehicle Ident. No. _____	
	Year _____ Make/Model _____ Type of Vehicle _____ License Plate _____ Chevy, Ford, etc. Sedan, Truck, Van, etc. Year State Number	
	Driver _____ Last First M.I. Mail Address City & State Zip	
	Driver's License _____ Date of Birth _____ Sex _____ Race _____ State Number Approx. cost to repair your vehicle: \$ _____	
	Owner _____ Last First M.I. Mail Address City & State Zip	
	Insurance Information _____ Insurance Company Name (not the agent) Address City State Zip Policy Number	
	#2 - Other Vehicle (Complete information you have available — if unknown, mark "Not Known")	
	Vehicle Ident. No. _____	
	Year _____ Make/Model _____ Type of Vehicle _____ License Plate _____ Chevy, Ford, etc. Sedan, Truck, Van, etc. Year State Number	
Driver _____ Last First M.I. Mail Address City & State Zip		
Driver's License _____ Date of Birth _____ Sex _____ Race _____ State Number Approx. cost to repair your vehicle: \$ _____		
Owner _____ Last First M.I. Mail Address City & State Zip		
Insurance Information _____ Insurance Company Name (not the agent) Address City State Zip Policy Number		
State Briefly What Happened. (If space is insufficient, continue on another page.)		
* Driver's Signature _____ Date of Report _____ (Please use blue or black ink only.)		