

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 Five Hundred Dollars (\$500), 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 (Article 6701h, Vernon's Texas Civil Statutes).

INSTRUCTIONS FOR COMPLETING DRIVER'S CONFIDENTIAL ACCIDENT REPORT (FORM ST-2)
(On other side of this form)

NOTE: The Driver's Confidential Accident Report (Form ST-2) is classified by law as privileged and for confidential use in accident prevention purposes.

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 SR-21) Rev. 4-88
IMPORTANT

Note: Under certain conditions, Section 5 of the Texas Motor Vehicle Safety-Responsibility Act (V.T.C.S. 6701h) 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.

1. This report may be prepared and signed by either the driver or owner of the involved vehicle.
2. Accurate, complete reporting of at least minimum liability insurance coverage will avoid additional correspondence and prevent possible suspension of your driving and registration privileges.
3. If garage estimates are attached to non-injury accidents, processing will be expedited.

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 _____	
		<input type="checkbox"/> Owner	
		<input type="checkbox"/> Driver	
Usual Signature _____		Driver's Address _____	

If your vehicle was operating under Texas Railroad Commission Carrier Authority, give No. _____

When completed, mail this form to: **STATISTICAL SERVICES BUREAU**
TEXAS DEPARTMENT OF PUBLIC SAFETY
BOX 4087, AUSTIN, TEXAS 78773-0001