DRIVER'S CONFIDENTIAL ACCIDENT REPORT
FORM ST-2 (Rev. 2/87)

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

TEXAS DEPARTMENT OF PUBLIC SAFET

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. ZONE ☐ YES ☐ NO SPEED LIMIT _____

COMPLETE ONE
- INTERSECTING STREET _____ BLOCK NUMBER _____ STREET OR ROAD NAME _____ ROUTE NUMBER
- NOT AT INTERSECTION _____ FEET ☐ NORTH ☐ S ☐ E ☐ W OF _____ SHOW NEAREST INTERSECTING NUMBERED HIGHWAY. IF URBAN, SHOW NEAREST INTERSECTING STREET.

CONSTR. ZONE ☐ YES ☐ NO SPEED LIMIT _____

DO NOT WRITE IN THIS SPACE

DPS NO. _____
LOC _____
CODE _____
SEVERITY _____
TYPE _____

TIME

DATE OF ACCIDENT _____ 19 _____ DAY OF WEEK _____ HOUR _____ ☐ A.M. ☐ P.M. IF EXACTLY NOON OR MIDNIGHT, SO STATE

VEHICLES

YOUR VEHICLE

YEAR MODEL _____ MAKE _____ (FORD, CHEV., ETC.) TYPE OF VEHICLE _____ (SEDAN, PICKUP, TRUCK, ETC.) LICENSE PLATE _____ 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 $ _____

FOR OTHER VEHICLES USE ANOTHER FORM

TOTAL VEHICLES INVOLVED

OTHER UNIT - MOTOR VEHICLE, TRAIN, PEDESTRIAN, BICYCLIST, ETC.- INDICATE WHICH _____

(COMPLETE INFORMATION YOU HAVE AVAILABLE - IF UNKNOWN, MARK "NOT KNOWN")

YEAR MODEL _____ MAKE _____ (FORD, CHEV., ETC.) TYPE OF VEHICLE _____ (SEDAN, PICKUP, TRUCK, ETC.) LICENSE PLATE _____ YEAR _____ STATE _____ NUMBER _____

OWNER _____ NAME _____ MAIL ADDRESS _____ CITY AND STATE _____ ZIP _____

DRIVER _____ NAME _____ MAIL ADDRESS _____ CITY AND STATE _____ ZIP _____

APPROX. COST TO REPAIR THIS VHEICLE $ _____

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 ☐ PASSENGER ☐ PEDESTRIAN ☐ RIGHT FRONT ☐ RIGHT REAR ☐ CENTER REAR ☐ LEFT REAR

SEAT BELT ☐ USED ☐ NOT USED

NO. 2

NAME _____ ADDRESS _____

AGE _____ SEX _____ RACE _____ WAS PERSON KILLED? _____ DATE OF DEATH _____

DESCRIBE INJURY _____

☐ DRIVER ☐ PASSENGER ☐ PEDESTRIAN ☐ RIGHT FRONT ☐ RIGHT REAR ☐ CENTER REAR ☐ LEFT REAR

SEAT BELT ☐ USED ☐ NOT USED

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

★ DRIVER'S SIGNATURE _____ DATE OF REPORT _____

IMPORTANT! COMPLETE REQUIRED INSURANCE INFORMATION ON OTHER SIDE