



**REPORT OF TRAFFIC ACCIDENT
OCCURRING IN CALIFORNIA**
READ IMPORTANT INFORMATION ON BACK

- Number of Vehicles
- Time and Date
- Location (City/County)
- Private Property: Yes or No

AS APPROPRIATE, PLEASE TYPE OR PRINT IN BOXES

# OF VEHICLES	DATE OF ACCIDENT	ACCIDENT LOCATION - CITY/COUNTY (CALIFORNIA ONLY)		ON PRIVATE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No			
REPORTING PARTY'S INFORMATION	TIME OF ACCIDENT Hour <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Moving	<input type="checkbox"/> Stopped in Traffic	<input type="checkbox"/> Parked	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Bicyclist	<input type="checkbox"/> Other ()
	DRIVER'S NAME (FIRST, MIDDLE, LAST)						
	DRIVER'S STREET ADDRESS						
	CITY		STATE	ZIP CODE	TELEPHONE NUMBER		
	VEHICLE (YEAR AND MAKE)		VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER				
	VEHICLE OWNER—PERSON OR COMPANY						
	ADDRESS CITY						
	INSURANCE COMPANY NAME (NOT AGENT OR BROKER) AT THE TIME OF THE ACCIDENT				POLICY NUMBER		
	COMPANY NAIC NUMBER	POLICY PERIOD From: _____ To: _____		POLICY HOLDER NAME			
	OTHER PARTY'S INFORMATION	<input type="checkbox"/> Moving	<input type="checkbox"/> Stopped in Traffic	<input type="checkbox"/> Parked	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Bicyclist	<input type="checkbox"/> Other ()
DRIVER'S NAME (FIRST, MIDDLE, LAST)							
DRIVER'S STREET ADDRESS							
CITY		STATE	ZIP CODE	TELEPHONE NUMBERS Wk () Hm ()			
VEHICLE (YEAR AND MAKE)		VEHICLE IDENTIFICATION NUMBER		STATE	DAMAGES OVER \$750 <input type="checkbox"/> Yes <input type="checkbox"/> No		
VEHICLE OWNER—PERSON OR COMPANY							
ADDRESS CITY STATE ZIP CODE							
INSURANCE COMPANY NAME (NOT AGENT OR BROKER) AT THE TIME OF THE ACCIDENT				POLICY NUMBER			
COMPANY NAIC NUMBER		POLICY PERIOD From: _____ To: _____		POLICY HOLDER NAME			
INJURY/DEATH PROPERTY DAMAGE		NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED					
	NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED						
	OTHER PROPERTY DAMAGED (TELEPHONE POLES, FENCE, LIVESTOCK, ETC.)						
	PROPERTY OWNER'S NAME AND ADDRESS						
I certify (or declare) under penalty of perjury under the laws of the State of California that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a party to the accident described herein.							
DATE	PRINTED NAME						

- What the vehicle was doing at the time of the accident, and whether the driver was driving for their employer
- Contact Information for driver
- Information on the vehicle
- Insurance Information
- Whether damage to this vehicle was over \$750, damage over \$750 must be reported

• Includes information as in the previous section but for the other party involved to fill out.

- Name and address of anyone injured, must be reported to the DMV by State law
- Check boxes indicated injury vs death and the status at the time of the accident (driver, passenger, cyclist, pedestrian)
- Any non-vehicle property damage is described here, along with the name and address of the owner
- Reporting person signs name and dates at the bottom

SR 1 (REV. 9/2008) WWW ADDITIONAL INFORMATION ATTACHED

A YOUR VEHICLE	NAME OF INSURANCE COMPANY (BROKERAGE) COVERING THE ACCIDENT	INSURANCE COMPANY INDICATED. IF NOT FULLY COMPLETED, ACCIDENT AND YOUR LICENSE WILL BE SUSPENDED.	DMV FILE NUMBER
	POLICY NUMBER		
	DATE OF ACCIDENT		DRIVER LICENSE NUMBER (DRIVER OF YOUR VEHICLE)
	VEHICLE (YEAR AND MAKE)	VEHICLE IDENTIFICATION NUMBER	VEHICLE LICENSE PLATE NUMBER STATE
	DRIVER	ADDRESS	
	OWNER	ADDRESS	
	FULL NAME OF POLICY HOLDER	ADDRESS	

SR 1A (REV. 9/2008) WWW

If the policy was not in effect, this form must be completed and returned to the Department within 20 days.

The undersigned company advises that with respect to the reported accident, the policy reported on the reverse side:

WAS NOT IN EFFECT

Was not a liability policy Did not cover the vehicle/driver Number is not a company policy number

Policy Number _____ Policy Period from _____ to _____

Signature _____ Title _____ Date _____

MAIL TO:
Department of Motor Vehicles
Financial Responsibility
P. O. Box 942884
Sacramento, CA 94284-0884

SR 1A (REV. 9/2008) WWW

• Reverse side must be filled out with insurance information otherwise, the DMV will suspend your license for driving without

IMPORTANT INFORMATION

California law requires traffic accidents on a California street/highway or private property to be reported to the Department of Motor Vehicles if the accident resulted in an injury, death or property damage in excess of \$750. Timely reporting could result in DMV suspending the license of the driver of a vehicle involved in the accident. This report is required for accidents involving vehicles not required to be registered such as an off-road vehicle (OHV), implement of husbandry, or a vehicle on a military base or occurring on the driver's own property involving only the personal property of the driver and not reportable.

This SR-1 form with DMV regardless of fault. This report must be made in addition to any other report filed with your insurance company, or the California Highway Patrol (CHP) as their reports do not satisfy the filing requirements. A representative of the insurance company, or other designated representative may file the report for the driver.

Every driver and every owner of a motor vehicle to be "financially responsible" for any injury or damage resulting from an accident involving a motor vehicle. The minimum insurance level for "financial responsibility" is public liability and property damage coverage of \$15,000 for injury or death of one person, \$30,000 for injury or death of two or more persons and \$5,000 property damage per accident. Comprehensive and collision insurance does not meet the legal requirement.

§1806 of the California Vehicle Code (CVC) requires the DMV to record accident information regardless of fault when individuals report accidents under the Financial Responsibility Law or if law enforcement agencies or CHP investigate and make a report.

WHEN COMPLETING THIS FORM...

- Please print within the spaces and boxes on this form. If you need to provide additional information on a separate piece of paper(s) or you include a copy of any law enforcement agency report, please check the box to indicate 'Additional Information Attached'. If you are the passenger reporting the accident, be sure to identify yourself by using the 'other' box and stating 'passenger' in the explanation.
- Write **unk** (for unknown) or **none** in any space or box when you do not have information on the other party involved.
 - Give insurance information that is complete and which correctly and fully identifies the company that issued the policy.
 - Place the correct National Association of Insurance Commissioners (NAIC) number for your insurance company in the boxes provided. The NAIC number should be located on your insurance ID card or you can contact your insurance agent or company for the information.
 - Identify any person involved in the accident (driver, passenger, bicyclist, pedestrian, etc.) who you saw was injured or complained of bodily injury or know to be deceased.
 - Record in the OTHER PROPERTY DAMAGED section any damage to telephone poles, fences, street signs, guard posts, trees, livestock, dogs, etc., meeting the filing requirement, including amount. This may require that you contact the owner of the property for an estimate of damages.
 - Once you have completed this report, please mail it to:

DEPARTMENT OF MOTOR VEHICLES
FINANCIAL RESPONSIBILITY
MAIL STATION J237
P.O. BOX 942884
SACRAMENTO, CA 94284-0884

DMV does not accept reports or take actions against non-reporting or uninsured motorists unless this SR-1 form is sent to DMV by someone involved in the accident or their designee and the report is received by DMV within one calendar year of the accident date.

ADVISORY STATEMENT

The accident information on the SR-1 is required under the authority of Divisions 6 and 7 of the California Vehicle Code. Failure to provide the information will result in suspension of the driving privilege. Except as made confidential by law (e.g., medical information) or exempted under the Public Records Act, the information is a public record, is regularly used by law enforcement agencies and insurance companies, and is open to public inspection. §16005 CVC limits the public record for SR-1 reports to accident involvement, but does allow persons with a proper interest (involved drivers, etc.) to receive specified information. Individuals who inspect or obtain copies of information contained in their records during regular office hours. The Financial Responsibility Section Manager, 2570 24th Street, Sacramento, CA 95818 (telephone number: 916-657-6677) is responsible for maintaining this information.

• The following page is further instructions on laws specific to filling out this accident report and how to submit your report once