



# REPORT OF TRAFFIC ACCIDENT OCCURRING IN CALIFORNIA

DMV USE ONLY

**READ IMPORTANT INFORMATION ON BACK**

AS APPROPRIATE, PLEASE TYPE OR PRINT IN BOXES

# OF VEHICLES	DATE OF ACCIDENT MMDDYY	CALIFORNIA COUNTY OF ACCIDENT	CALIFORNIA CITY WHERE ACCIDENT OCCURRED
TIME OF ACCIDENT Hour <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> In Traffic <input type="checkbox"/> Parked <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other (EXPLAIN, E.G., ROLLAWAY) <input type="checkbox"/> Yes <input type="checkbox"/> No			
DRIVER'S NAME (FIRST AND MIDDLE)		LAST NAME	DRIVER LICENSE NUMBER STATE
DRIVER'S ADDRESS (NUMBER)		STREET	DATE OF BIRTH DAMAGE AMOUNT MMDDYY .00
CITY	STATE	ZIP CODE	TELEPHONE NUMBERS Wk ( ) Hm ( )
VEHICLE OWNER—PERSON OR COMPANY		DATE OF BIRTH	VEHICLE LICENSE PLATE STATE
ADDRESS		CITY	STATE ZIP CODE
VEHICLE IDENTIFICATION NUMBER		INSURANCE COMPANY NAME (NOT AGENT, UNDERWRITER, OR BROKER)	COMPANY NAIC NUMBER
INSURANCE POLICY NUMBER COVERING THE VEHICLE ACCIDENT (NOT CLAIM OR FILE NUMBER)		POLICY PERIOD From _____ To _____	
POLICY HOLDER'S NAME (IF DIFFERENT)		STREET ADDRESS	CITY STATE ZIP CODE

<input type="checkbox"/> In Traffic <input type="checkbox"/> Parked <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other (EXPLAIN, E.G., ROLLAWAY)			DRIVING FOR EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No
DRIVER'S NAME (FIRST AND MIDDLE)		LAST NAME	DRIVER LICENSE NUMBER STATE
DRIVER'S ADDRESS (NUMBER)		STREET	DATE OF BIRTH DAMAGE AMOUNT MMDDYY .00
CITY	STATE	ZIP CODE	TELEPHONE NUMBERS Wk ( ) Hm ( )
VEHICLE OWNER—PERSON OR COMPANY		DATE OF BIRTH	VEHICLE LICENSE PLATE STATE
ADDRESS		CITY	STATE ZIP CODE
VEHICLE IDENTIFICATION NUMBER		INSURANCE COMPANY NAME (NOT AGENT, UNDERWRITER, OR BROKER)	COMPANY NAIC NUMBER
INSURANCE POLICY NUMBER COVERING THE VEHICLE ACCIDENT (NOT CLAIM OR FILE NUMBER)		POLICY PERIOD From _____ To _____	
POLICY HOLDER'S NAME (IF DIFFERENT)		STREET ADDRESS	CITY STATE ZIP CODE

INJURY/DEATH PROPERTY DAMAGE	NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED	<input type="checkbox"/> Injured <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Deceased <input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian
	NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED	<input type="checkbox"/> Injured <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Deceased <input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian
	OTHER PROPERTY DAMAGED (TELEPHONE POLES, FENCE, LIVESTOCK, ETC.)	DAMAGE AMOUNT .00
PROPERTY OWNER'S NAME AND ADDRESS		

I certify under penalty of perjury under the laws of the State of California that the information entered on this document is true and correct.

DATE	PRINTED NAME	SIGNATURE <b>X</b>
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ADDITIONAL INFORMATION ATTACHED

## IMPORTANT INFORMATION

**California law requires** *traffic accidents* on a California street/highway or private property to be reported to the Department of Motor Vehicles (DMV) within 10 days if there was an injury, death *or* property damage. Untimely reporting could result in DMV suspending a driver license. Accidents occurring on December 31, 2002, or prior must result in damages to *any one person's property* in excess of \$500, and accidents occurring on **January 1, 2003, or after** must result in damages in excess of \$750 to be reported. Accidents involving vehicles *not required to be registered* such as an off-road vehicle (OHV), implement of husbandry, or snowmobile **or** occurring on a military base **or** occurring on the driver's *own* property involving *only* the personal property of the driver *and* there was no injury or death are not reportable.

The law requires the driver to file **this SR-1 form** with DMV **regardless of fault**. This report must be made in addition to any other report filed with a law enforcement agency, insurance company, or the California Highway Patrol (CHP) as their reports **do not** satisfy the filing requirement. An insurance agent, attorney, or other designated representative may file the report for the driver.

The law requires every driver and every owner of a motor vehicle to be "financially responsible" for any injury or damage resulting from operating or owning 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 complete 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, their employers, etc.) to receive specified information. Individuals may 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.