STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES

A Public Service Agency

PLEASE READ IMPORTANT INFORMATION ON BACK

CALIFORNIA TRAFFIC ACCIDENT REPORT

DEPARTMENT OF MOTOR VEHICLES—FINANCIAL RESPONSIBILITY
P. O. BOX 942884 MAIL STA. J237, SACRAMENTO, CALIFORNIA 94284-0884
(916) 657-6677

PLEASE PRINT OR TYPE

DMV USE ONLY

DATE AND LOCATION OF ACCIDENT

DATE OF ACCIDENT — Month: Day: Year:

TIME OF ACCIDENT — ☐ A.M. ☐ P.M.

NUMBER OF VEHICLES

FATALITY — ☐ YES ☐ NO

LOCATION (NEAREST STREET OR HIGHWAY) **(CALIFORNIA ONLY)** — City: County:

ON PRIVATE PROPERTY — ☐ YES ☐ NO

REPORTING PARTY (Also, complete Part A below)

☐ Moving ☐ Stopped in Traffic ☐ Parked ☐ Pedestrian ☐ Bicyclist ☐ Other (Explain): _____

DRIVER'S NAME (FIRST, MIDDLE, LAST) | DRIVER LICENSE NUMBER | STATE | DATE OF BIRTH — Month: Day: Year:

DRIVER'S ADDRESS (NUMBER AND STREET) | CITY | STATE | ZIP CODE | TELEPHONE NUMBER — Work ( ) Home ( )

OWNER OF VEHICLE (FIRST, MIDDLE, LAST) | ADDRESS (NUMBER AND STREET) | CITY | STATE | ZIP CODE

VEHICLE (YEAR AND MAKE) | VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER | STATE | DAMAGES OVER $500? ☐ **YES** ☐ **NO**

WERE YOU DRIVING A VEHICLE OWNED BY YOUR EMPLOYER DURING THE COURSE OF EMPLOYMENT? ☐ YES ☐ NO

IF YES, GIVE NAME AND ADDRESS OF EMPLOYER:

REPORTING PARTY'S INSURANCE INFORMATION

DMV USE ONLY

WAS A LIABILITY INSURANCE POLICY IN EFFECT FOR THE VEHICLE INVOLVED IN THIS ACCIDENT? ☐ YES ☐ NO

NAME OF INSURANCE COMPANY (NOT AGENCY OR BROKERAGE) AT THE TIME OF THE ACCIDENT

POLICY NUMBER

POLICY HOLDER'S NAME AND ADDRESS

POLICY PERIOD — From: To:

OTHER PARTY

☐ Moving ☐ Stopped in Traffic ☐ Parked ☐ Pedestrian ☐ Bicyclist ☐ Other (Explain): _____

DRIVER'S NAME (FIRST, MIDDLE, LAST) | DRIVER LICENSE NUMBER | STATE | DATE OF BIRTH — Month: Day: Year:

DRIVER'S ADDRESS (NUMBER AND STREET) | CITY | STATE | ZIP CODE | TELEPHONE NUMBER — Work ( ) Home ( )

OWNER OF VEHICLE (FIRST, MIDDLE, LAST) | ADDRESS (NUMBER AND STREET) | CITY | STATE | ZIP CODE

VEHICLE (YEAR AND MAKE) | VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER | STATE | DAMAGES OVER $500? ☐ **YES** ☐ **NO**

WAS HE/SHE DRIVING A VEHICLE OWNED BY HIS/HER EMPLOYER DURING THE COURSE OF EMPLOYMENT? ☐ YES ☐ NO

IF YES, GIVE NAME AND ADDRESS OF EMPLOYER:

OTHER PARTY'S INSURANCE INFORMATION

DMV USE ONLY

WAS LIABILITY COVERAGE IN EFFECT FOR THE VEHICLE AT OF THE TIME THE ACCIDENT ☐ YES ☐ NO

NAME OF INSURANCE COMPANY (NOT AGENCY OR BROKERAGE) AT THE TIME OF THE ACCIDENT

POLICY NUMBER

POLICY HOLDER'S NAME AND ADDRESS

POLICY PERIOD — From: To:

INJURIES AND/OR DEATHS CAUSED BY THE ACCIDENT

NAME AND ADDRESS | ☐ Injury ☐ Fatal | Under ☐ Age 18 | ☐ Driver ☐ Passenger ☐ In Your Vehicle ☐ In Other Vehicle ☐ Bicyclist ☐ Pedestrian

NAME AND ADDRESS | ☐ Injury ☐ Fatal | Under ☐ Age 18 | ☐ Driver ☐ Passenger ☐ In Your Vehicle ☐ In Other Vehicle ☐ Bicyclist ☐ Pedestrian

DAMAGE TO OTHER PROPERTY (Telephone poles, fences, livestock, etc.)

PROPERTY OWNER'S NAME, ADDRESS AND DRIVER LICENSE NUMBER

DAMAGES OVER $500? ☐ **YES** ☐ **NO**

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

DATE | **PRINT NAME** X | **SIGN NAME** X

SR 1 (REV. 4/99) ***PLEASE USE ADDITIONAL SR-1 CALIFORNIA TRAFFIC ACCIDENT REPORT FORMS TO REPORT OTHER INVOLVED PARTIES***

A YOUR VEHICLE

CALIFORNIA INSURANCE INFORMATION **DO NOT DETACH**

The Department may send this part to the **insurance company** indicated. If not **fully completed**, it will be assumed you were **not** insured for the accident and **your license will be suspended.**

DMV FILE NUMBER

INSURANCE

NAME OF INSURANCE COMPANY (NOT AGENCY OR BROKERAGE) THAT ISSUED THE LIABILITY POLICY COVERING THE OPERATION OF YOUR VEHICLE

POLICY NUMBER | POLICY PERIOD — From: To:

DATE OF ACCIDENT | IN OR NEAR (CITY OR TOWN) **(CALIFORNIA ONLY)**

DRIVER LICENSE NUMBER (DRIVER OF YOUR VEHICLE)

MAKE OF YOUR VEHICLE | TYPE | YEAR | VEHICLE IDENTIFICATION NUMBER | VEHICLE LICENSE PLATE NUMBER | STATE

DRIVER | ADDRESS

OWNER | ADDRESS

FULL NAME OF POLICY HOLDER | ADDRESS

SR 1A (REV. 4/99) **WWW**

IMPORTANT INFORMATION

State law *says* the driver of any motor vehicle "who is in any manner involved in an accident" in this state (or his/her designated representative) ***must* report the accident to the Department of Motor Vehicles** (DMV) **within 10 days if anyone was injured or killed, *or* if there was more than $500 damage to any *one* person's property.** The law requires this report **regardless of fault**. Drivers must also exchange their insurance company's name and address, and their policy number, at the accident scene.

You must report accidents that do not occur on a street or highway, **except** when the accident either involved only a vehicle or vehicles *not required to be registered* (such as an off-road or OHV vehicle that can't be legally operated on a street or highway, an implement of husbandry, or a snowmobile) **or** it occurred on the driver's *own* property, involved *only* property belonging to the driver of the motor vehicle, *and* there was no injury or death**.**

You must make the report on this form (SR-1) to the DMV **besides** any other report filed with a police department, sheriff's office, insurance company, or the California Highway Patrol. Their reports **do not** satisfy this filing requirement. Your insurance agent, attorney, or other designated representative may file the report for you, but is not legally required to do this. You may use an attachment to the SR-1 report for any additional information, including a *copy* of any enforcement agency report.

California law says every driver and every owner of a motor vehicle must be "financially responsible" for any injury or damage resulting from operating or owning a motor vehicle. The minimum for "financial responsibility" is **public liability and property damage (PL/PD) 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. Lenders may require comprehensive and collision insurance (**"comp & collision"**) if you borrow to buy a vehicle, but comp & collision **does not** cover you for damage or injury to others, and it **does not meet the legal requiremen**t.

§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 law enforcement agencies investigate and make reports.

HAVE YOU...

- Marked the appropriate boxes on the front of this form?
- Written **unknown** or **none** if you don't have information on the other party involved?
- Given insurance information that is complete, and which *correctly* and *fully* identifies the company that *issued* the policy?

  If DMV **cannot identify** the insurance carrier (for example, DMV gets incorrect or incomplete information, or an agent or broker's name and *not* the company that issued the policy), or if the company **denies coverage** for this accident, or the company is **not authorized** to do business in California, you will receive a suspension order taking effect after 30 days. Please prevent any suspension *now* by giving complete, accurate insurance information that DMV can verify as covering you for the accident.
- Identified in the INJURIES AND/OR DEATHS section any person involved in the accident (driver, passenger, pedestrian, bicyclist, etc.) who **you saw was injured** *or* who **complained of bodily injury**?
- Recorded in the DAMAGE TO OTHER PROPERTY section any damage of $500.01 *or more* to telephone poles, fences, street signs, guard posts, service station barrier pylons, trees, livestock, dogs, etc.?
- Please mail this completed report to:

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

ADVISORY STATEMENT

The accident information on form SR-1 is required under the authority of Divisions 6 and 7 of the California Vehicle Code. Failure to provide the information is cause for suspending 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 Manager of the Financial Responsibility Section, 2570 24th Street, Sacramento, CA 95818 (telephone number: 916-657-6677) is responsible for maintaining this information.

SR 1 (REV. 4/99)

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. 4/99)