



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 / /	ACCIDENT LOCATION - CITY/COUNTY (CALIFORNIA ONLY)	ON PRIVATE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No
REPORTING PARTY'S INFORMATION	TIME OF ACCIDENT <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 (E.G., ROLLAWAY)		DRIVING FOR EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No
	DRIVER'S NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NUMBER
	DRIVER'S STREET ADDRESS		STATE
	CITY		DATE OF BIRTH / /
	STATE		ZIP CODE
	TELEPHONE NUMBERS		
	VEHICLE (YEAR AND MAKE)		VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER
	VEHICLE OWNER—PERSON OR COMPANY		STATE
	ADDRESS		DAMAGES OVER \$750 <input type="checkbox"/> Yes <input type="checkbox"/> No
	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 (E.G., ROLLAWAY)		DRIVING FOR EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No
	DRIVER'S NAME (FIRST, MIDDLE, LAST)		DRIVER LICENSE NUMBER
	DRIVER'S STREET ADDRESS		STATE
	CITY		DATE OF BIRTH / /
	STATE		ZIP CODE
	TELEPHONE NUMBERS		
	VEHICLE (YEAR AND MAKE)		VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER
	VEHICLE OWNER—PERSON OR COMPANY		STATE
	ADDRESS		DAMAGES OVER \$750 <input type="checkbox"/> Yes <input type="checkbox"/> No
	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	<input type="checkbox"/> Injured <input type="checkbox"/> Deceased	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian
	NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED	<input type="checkbox"/> Injured <input type="checkbox"/> Deceased	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian
	OTHER PROPERTY DAMAGED (TELEPHONE POLES, FENCE, LIVESTOCK, ETC.)	DAMAGES OVER \$750 <input type="checkbox"/> Yes <input type="checkbox"/> No	
	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 X
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A YOUR VEHICLE**CALIFORNIA INSURANCE INFORMATION****DO NOT DETACH****DMV FILE NUMBER**

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.

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NAME OF INSURANCE COMPANY (NOT AGENCY OR BROKERAGE) THAT ISSUED THE LIABILITY POLICY COVERING THE OPERATION OF YOUR VEHICLE		POLICY PERIOD		DRIVER LICENSE NUMBER (DRIVER OF YOUR VEHICLE)	
POLICY NUMBER		From: _____ To: _____			
DATE OF ACCIDENT / /	IN OR NEAR (CITY OR TOWN) (CALIFORNIA ONLY)				
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. 5/2005) 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. 5/2005) WWW

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 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, 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.