



# REPORT OF TRAFFIC ACCIDENT OCCURRING IN CALIFORNIA

Please type or print.

# OF VE	HICLES DATE	OF ACCIDENT	ACCIDENT LOCA	ATION (CITY/COUNT	Y) (CALIFORNIA	ONLY)		;			ON PRIV	ATE PROPERTY
	TIME OF ACCIDENT									L Ye	FOR EMPLOYER	
	Hour PM  Moving Stopped in Traffic Parked Pedestrian Bicyclist Other (E.G., ROLLAWAY)								Ye			
O	DRIVER'S NA	Hour □ PM   □ In Traπic   DRIVER'S NAME (FIRST, MIDDLE, LAST)   DRIVER LICENSE NUM							ENSE NUMBER		STATE	
AT											T= .== 0	
ΣŽ	DRIVER'S ST	REET ADDRESS									DATE O	F BIRTH
뎐	CITY STATE ZIP CODE TELEPHONE NUMBERS								ERS			
<b>≥</b>	Wk (							)	Hm	(	)	
È	VEHICLE (YEAR AND MAKE)  VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER  STATE									DAMAGI	es OVER \$1,000	
PARTY'S INFORMATION	VEHICLE OWNER (PERSON OR COMPANY)									DATE O		
REPORTING	ADDRESS CITY STATE									ZIP COD	ÞΕ	
SO.	INSURANCE COMPANY NAME (NOT AGENT OR BROKER) AT THE TIME OF THE ACCIDENT POLICY NUMBER											
Ä												
	COMPANY NA	AIC NUMBER	POLICY PERIOD From:		To:		POLICY HOL	DER NAME				
											DRIVING	FOR EMPLOYER
	☐ Moving		opped in Traffic	☐ Parked	☐ Pede	strian	Bicyclist	☐ Othe	er (E.G., RC		Ye	es No
z	DRIVER'S NA	ME (FIRST, MIDE	DLE, LAST)						DRIVER LIC	ENSE NUMBER		STATE
) E	DRIVER'S ST	REET ADDRESS									DATE OF	 F BIRTH
M												
R	CITY					STATE	ZIP CODE	TELEPH Wk (	ONE NUMB		, ,	١
Z	VEHICLE (YE	AR AND MAKE)		VEHICLE LIC	ENSE PLATE <b>OR</b>	VEHICLE IDE	ENTIFICATION NUM			STATE	DAMAGI	<u>/</u> ES O <u>VER</u> \$1,000
₹											U Y€	
YR.	VEHICLE OW	NER ( <i>PERSON</i> C	OR COMPANY)								DATE O	F BIRTH
OTHER PARTY'S INFORMATION	ADDRESS				CITY					STATE	ZIP COD	DE .
里								<u> </u>				
O	INSURANCE	COMPANY NAME	(NOT AGENT OR BR	POKER) AT THE TIME	OF THE ACCIDE	ENT		POLICY	NUMBER			
	COMPANY NA	AIC NUMBER	POLICY PERIOD				POLICY HOL	DER NAME				
			From:		To:			,				
	NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED  Injured  Injured								☐ Drive	. $\Box$	Passenger	
ш									eceased	Bicyc	_	Pedestrian
INJURY/DEATH ROPERTY DAMAGE	NAME AND A	ODRESS OF IND	IVIDUAL INJURED OR	DECEASED								
AM AM	INAME AND A	DENEGO OF IND	IVIDOAL INJURED ON	DECEACED					njured	☐ Drive	r 🗆	Passenger
76									, Deceased	Bicyc		Pedestrian
못	OTHER PROPERTY DAMAGED (TELEPHONE POLES, FENCE, LIVESTOCK, ETC.)  DAMAGES OV									/ER \$1,000	)	
	Yes [									No		
PR	PROPERTY OWNER'S NAME AND ADDRESS											
_												
				READ IMP	ORTANT I	NFORMA	ATION ON B	ACK				
	fy (or deci		penalty of perju	ry under the la	aws of the S	tate of Ca		he forego	oing is tr	ue and correc	et.	
DATE		PRIN	TED NAME				SIGNATURE					

A	YOUR VEHICLE	CALIFORNIA The Departm it will be assu	DMV FILE NUMBER							
INSURANCE	NAME OF INS BROKER) THE COVERING THE POLICY NUMBER	URANCE COMPAN' AT ISSUED THE LIAI HE OPERATION OF								
	POLICY NOWE	DEN		POLICY PERIOD	_	DDIVED LIGENIOS ANIMADED	DDIVED LIGENSE ANAMOED			
			IN OR NEAR (CITY OR TOWN)	From:		DRIVER LICENSE NUMBER (DRIVER OF YOUR VEHICLE)	(DRIVER CICENSE NUMBER (DRIVER OF YOUR VEHICLE)			
	DATE OF ACC	IDEN I								
	/	/								
	VEHICLE (YEAR AND MAKE)			VEHICLE IDENTIFICATION	ON NUMBER	VEHICLE LICENSE PLATE NUMBER	STATE			
	DRIVER			<u> </u>	ADDRESS					
	OWNER				ADDRESS					
	FULL NAME O	F POLICY HOLDER			ADDRESS					
SR 1A	(REV. 6/2025) <b>W</b> \	ww								
The		-	as not in effect, thi		-		MV within 20 days.			
□ v	VAS NOT	IN EFFECT								
_ □ v	Nas not a l	iability policy	✓ □ Did not cove	er the vehicle/dri	ver 🗆 N	lumber is not a comp	nany policy number			
v	vas not a i	iability policy		er trie verlicie/dri	vei 🗀 iv	idiliber is flot a comp	barry policy fluriber			
Policy Number					Policy Period from to					
	o. ,									
Signature					— MAIL TO: Department of Motor Vehicles					
Title					_	P.O. Box 942884	n vernoles			
						284-0884				
L	Jaile				-					

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### 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 in excess of \$1,000. Untimely reporting could result in DMV suspending a driver license. 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 \$30,000 for injury or death of one person, \$60,000 for injury or death of two or more persons and \$15,000 property damage per accident. Comprehensive and collision insurance **does not meet the legal requirement.** 

The California Vehicle Code (CVC) §1806 requires 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

Insurance Unit 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 CVC. 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. CVC §16005 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 Unit Manager, 2570 24th Street, Sacramento, CA 95818 (telephone number: 916-657-6677) is responsible for maintaining this information.

### NOTICE ON COLLECTION

- DMV collection of personal information is governed by: California Information Practices Act, Civil Code §1798 et seq; Government Code (GC) §11015.5; California Public Records Act GC §6250 et seq.; California Vehicle Code §1808; Driver's Privacy Protection Act (18 United States Code §§2721-2725).
- The information collected may be shared with authorized service providers, state, federal, and/or local government agencies, law enforcement, and commercial entities as authorized by law.
- DMV uses this information to document drivers involved in an accident with property damage over \$1000, or in bodily injury, or
  in the death of any person.
- · All information on this form is mandatory.
- Failure to provide mandatory information may result in suspension of driving privileges of any person who fails, refuses, or neglects to make a report of an accident as required.
- You have the right to review and request corrections/deletions of DMV maintained records containing your personal information.
- Questions about this form should be directed to the DMV Insurance Unit at: P.O. Box 942884, M/S J237, Sacramento, CA 94284.
- For privacy policy questions or requests contact us at: DMV Chief Privacy Officer, 2415 First Avenue, MS F127, Sacramento, CA 95818 or (916)657-6340.

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