



DEPARTMENT OF MOTOR VEHICLES  
A Public Service Agency



# REPORT OF TRAFFIC ACCIDENT OCCURRING IN CALIFORNIA

Please type or print.

# 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 (E.G., ROLLAWAY)	DRIVING FOR EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No
	DRIVER'S NAME (FIRST, MIDDLE, LAST)					DRIVER LICENSE NUMBER	STATE	
	DRIVER'S STREET ADDRESS						DATE OF BIRTH	
	CITY			STATE	ZIP CODE	TELEPHONE NUMBERS Wk ( ) Hm ( )		
	VEHICLE (YEAR AND MAKE)		VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER			STATE	DAMAGES OVER \$1,000 <input type="checkbox"/> Yes <input type="checkbox"/> No	
	VEHICLE OWNER (PERSON OR COMPANY)						DATE OF BIRTH	
	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				
	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	STATE		
DRIVER'S STREET ADDRESS						DATE OF BIRTH		
CITY			STATE	ZIP CODE	TELEPHONE NUMBERS Wk ( ) Hm ( )			
VEHICLE (YEAR AND MAKE)		VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER			STATE	DAMAGES OVER \$1,000 <input type="checkbox"/> Yes <input type="checkbox"/> No		
VEHICLE OWNER (PERSON OR COMPANY)						DATE OF BIRTH		
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				<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.)						DAMAGES OVER \$1,000 <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROPERTY OWNER'S NAME AND ADDRESS								

### READ IMPORTANT INFORMATION ON BACK

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

<b>A</b>	<b>YOUR VEHICLE</b>		<b>CALIFORNIA INSURANCE INFORMATION</b>		<b>DO NOT DETACH</b>	<b>DMV FILE NUMBER</b>
			The Department may send this part to the <b>insurance company</b> indicated. If not <b>fully completed</b> , it will be assumed you were <b>not</b> insured for the accident and <b>your license will be suspended</b> .			
	NAME OF INSURANCE COMPANY ( <i>NOT AGENT OR BROKER</i> ) THAT ISSUED THE LIABILITY POLICY COVERING THE OPERATION OF YOUR VEHICLE		POLICY PERIOD		DRIVER LICENSE NUMBER ( <i>DRIVER OF YOUR VEHICLE</i> )	
	POLICY NUMBER		From: _____ To: _____			
	DATE OF ACCIDENT	IN OR NEAR ( <i>CITY OR TOWN</i> ) ( <b>CALIFORNIA ONLY</b> )				
	VEHICLE ( <i>YEAR AND MAKE</i> )		VEHICLE IDENTIFICATION NUMBER		VEHICLE LICENSE PLATE NUMBER	STATE
	DRIVER		ADDRESS			
OWNER		ADDRESS				
FULL NAME OF POLICY HOLDER		ADDRESS				

SR 1A (REV. 1/2017) **WWW**

**If the policy was not in effect, this form must be completed and returned to DMV 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  
 P.O. Box 942884  
 Sacramento, CA 94284-0884

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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 \$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**.

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  
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 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.