STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

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
			☐ Yes ☐ No

REPORTING PARTY'S INFORMATION

TIME OF ACCIDENT ☐ AM ☐ PM Hour _____ ☐ Moving ☐ Stopped in Traffic ☐ Parked ☐ Pedestrian ☐ Bicyclist ☐ Other *(E.G., ROLLAWAY)* — DRIVING FOR EMPLOYER ☐ Yes ☐ 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 ☐ Yes ☐ 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: ACWA JPIA, P.O. Box 619082, Roseville, CA 95661 | POLICY NUMBER: MOLC

COMPANY NAIC NUMBER: N/A | POLICY PERIOD From: Continuous To: Continuous | POLICY HOLDER NAME: Liability Coverage Pool

OTHER PARTY'S INFORMATION

☐ Moving ☐ Stopped in Traffic ☐ Parked ☐ Pedestrian ☐ Bicyclist ☐ Other *(E.G., ROLLAWAY)* — DRIVING FOR EMPLOYER ☐ Yes ☐ 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 ☐ Yes ☐ 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 | ☐ Injured ☐ Deceased | ☐ Driver ☐ Passenger ☐ Bicyclist ☐ Pedestrian

NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED | ☐ Injured ☐ Deceased | ☐ Driver ☐ Passenger ☐ Bicyclist ☐ Pedestrian

OTHER PROPERTY DAMAGED *(TELEPHONE POLES, FENCE, LIVESTOCK, ETC.)* | DAMAGES OVER $1,000 ☐ Yes ☐ 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
		X

☐ ADDITIONAL INFORMATION ATTACHED

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 AGENT OR BROKER*) THAT ISSUED THE LIABILITY POLICY COVERING THE OPERATION OF YOUR VEHICLE: ACWA JPIA, P.O. Box 619082, Roseville, CA 95661

POLICY NUMBER: MOLC

POLICY PERIOD: From: Continuous To: Continuous

DRIVER LICENSE NUMBER (*DRIVER OF YOUR VEHICLE*):

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: Liability Coverage Pool

ADDRESS:

SR 1A (REV. 6/2025) **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

SR 1A (REV. 6/2025) **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 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. T*his 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.