

## **New Law Regarding SR21/Operator's Crash Report**

Effective January 1, 2006, the form titled "Indiana Operator's Vehicle Crash Report" (commonly known as the SR21) will become the responsibility of the Bureau of Motor Vehicles (BMV). For collisions occurring after December 31, 2005, the operator of a vehicle involved in a motor vehicle accident will be required to send the form to the Bureau of Motor Vehicles instead of the Indiana State Police. The Bureau has slightly "revised" the form to better identify who is actually insured on the form. The new form is titled "Indiana Operator's Proof of Insurance/Crash Report" and is State Form 52441. This new form is to be properly completed and sent to:

Bureau of Motor Vehicles  
PFR/Crash Report Section  
P.O. Box 7169  
Indianapolis, IN 46207

### **Noted below are areas of confusion that existed with the old SR21 forms.**

- In the past, the old SR21 form was labeled with sections listed as Driver #1 and Driver #2. The instructions on the old form stated that the person completing the report was Driver #1 and this was to be the insured individual.
- Nevertheless, the insurance agent or the driver who was completing the report would often transcribe the information directly off of the Officer's Crash Report onto the SR21 form; if the driver was Driver #2 on the Officer's report, that driver would be Driver #2 on the Operator's Vehicle Crash Report. This created some confusion to the BMV staff as to whom the insurance applied.
- The new form is labeled with sections listed as "Insured" and "Other Drivers Involved" instead of "Driver #1" and "Driver #2". This will help prevent BMV staff from applying the insurance coverage to the incorrect driver record.
- On the revised form, an agent's signature is all that is needed to signify the operator listed on the form (the "Insured") is actually insured in the vehicle involved on the date of the incident. There are no checkboxes asking whether or not the policy applied to the owner and/or operator of the vehicle as those fields were often incomplete and delayed the processing of the SR21 form. However, please note that the form must be completely filled out to be accepted.
- If the signature is omitted, we will assume the driver was not insured.

The old yellow forms and the new forms which are mistakenly sent to the Indiana State Police Agency will continue to be forwarded to the Bureau of Motor Vehicles. It is no longer necessary that the form be on yellow paper.

The new form will be available on various websites including the Bureau of Motor Vehicle's website at <http://www.in.gov/bmv/>, the Indiana State Police's website at <http://www.in.gov/isp/>, and at the website of the Independent Insurance Agents of Indiana at [www.big.org](http://www.big.org)

The form may also be faxed to (317) 233-3138 or 3139, but it is recommended that you mail the form. The IIAI and the BMV have discussed an online option for submission of this and other forms, and it is anticipated that this option will be available at some point in the future, but that is not an option at this time..

If there are any questions regarding the new form, please feel free to contact the Bureau of Motor Vehicles, Accident Department at (317) 232-2935.



# INDIANA OPERATOR'S PROOF OF INSURANCE/CRASH REPORT

State Form 52441 (11-05) / SR21

Collision Date MONTH DAY YEAR			Day of Week	Actual Local Time <input type="checkbox"/> AM <input type="checkbox"/> PM	# of Vehicles	Reporting Officer Name	Badge #	<b>Send form to Bureau of Motor Vehicles. Do not send to Indiana State Police.</b>
County where crash occurred			Nearest City/Town	Was Officer Report Taken?	Local ID			
Road Collision Occurred On:				Nearest Intersecting Road:		Direction and distance to nearest intersection:		

Insured						Other Drivers Involved							
Print Driver's Name (Last, First, MI)						Print Driver's Name (Last, First, MI)							
Address (Number, Street)						Driver's License Number			Sex	DATE OF BIRTH Month Day Year			
City				State	ZIP	Print Driver's Name (Last, First, MI)							
Sex	DATE OF BIRTH Month Day Year			License Type		License State		Driver's License Number			Sex	DATE OF BIRTH Month Day Year	
Print Owner's Name & Address						Print Driver's Name (Last, First, MI)							
Veh. Yr.	Make	Model	Lic. Yr.	Lic. Plate #	Lic. State	Driver's License Number			Sex	DATE OF BIRTH Month Day Year			
Name of Person Submitting This Report					Date Signed	Signature							

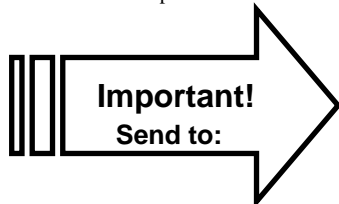
**THIS SECTION MUST CONTAIN THE SIGNATURE OF YOUR INSURANCE AGENT, IF YOU HAD INSURANCE AT THE TIME OF THE COLLISION.** The company signatory hereto gives notice that its policy issued to the above named insured is a motor vehicle liability policy approved by the Commissioner of Insurance of the State of Indiana and was in effect on the date of the above described collision. **A signature by an insurance agent or authorized representative is verification that the above driver (Insured) was insured at the time of the collision. Omission of agent signature signifies the driver was NOT insured at the time of the collision.**

Insurance Company				Agency Name			Phone #	
Date of Certification		Insured's Policy Number		Signature of Authorized Insurance Representative			Date	

### Instructions for Completing the Indiana Operator's Crash Report

Collisions resulting in injury, death or damage of \$1000 or more (as determined by the reporting officer) must be reported on this form within 10 days.

- PRINT ALL INFORMATION USING ALL CAPITAL LETTERS (except your signature). Complete in black or blue INK.
- Answer all questions to the best of your knowledge. If you are unable to answer any question, mark "unknown" or "U".
- If the answer does not apply, mark with a slash (/) through the box.
- **YOU ARE THE INSURED. LIST THE DRIVER INFORMATION FOR ALL OTHER DRIVERS INVOLVED IN THE COLLISION UNDER "OTHER VEHICLES INVOLVED".**
- If you were insured at the time of the collision, you must have the signature of the insurance agent before mailing the report.
- Please submit this report to:



**Bureau of Motor Vehicles  
PFR/Crash Report Section  
P.O. Box 7169  
Indianapolis, IN 46207**

**BY LAW, YOUR REPORT IS CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN ANY TRIAL IC 9-26-3-4**

The driver of any motor vehicle involved in a crash that results in injury or death or total property damage of \$1000 or more must make a report on this form within ten (10) days. The failure or refusal of any person to report a crash as required is cause for the suspension or revocation of the operator's or chauffeur's license and vehicle registration of such person. Such failure or refusal is also a misdemeanor. If the driver is physically incapable of making the report, any occupant of the vehicle is required to do so. A witness may also be required to make a report. A supplementary report will be required whenever an original report is insufficient.

The purpose of this report is to obtain information necessary to the administration of the Safety Responsibility Law and to obtain data useful in crash prevention. Complete and clear answers to all the questions are necessary. An accurate original report will avoid the necessity for supplementary reports. If you have difficulty in filling in the report, consult your nearest police authority or Bureau of Motor Vehicles, Accident Department (317) 232-2935.