STATE OF TENNESSEE
DEPARTMENT OF SAFETY AND HOMELAND SECURITY

OWNER/DRIVER REPORT

IMPORTANT: COMPLETE FORM BELOW AND MAIL TO: TN DEPARTMENT OF SAFETY AND HOMELAND SECURITY
P.O. BOX 945
NASHVILLE, TN 37202

DATE OF CRASH: ___________ PLACE OF CRASH: ___________
(month/day/year) (City) (County)

VEHICLE MAKE ___________ VEHICLE YEAR ___________ TYPE VEHICLE ___________

NAME OF OPERATOR ___________ DOB ___________
(Last) (First) (Middle)

ADDRESS ___________ ZIP ___________
(Street) (City) (State)

DRIVER LICENSE NO: ___________ STATE ___________ EXPIRATION DATE ___________

NAME OF OWNER ___________ DOB ___________
(Last) (First) (Middle)

ADDRESS ___________ ZIP ___________
(Street) (City) (State)

DRIVER LICENSE NO: ___________ STATE ___________ EXPIRATION DATE ___________

WERE THERE INJURIES OR DEATH INVOLVED IN THIS CRASH? _____ YES _____ NO

DAMAGES TO YOUR VEHICLE: ___________ LESS THAN $400 ___________ OVER $400.

IF OVER $400, ENTER AMOUNT ___________.

IF AVAILABLE, LIST FOLLOWING INFORMATION ON OTHER DRIVER INVOLVED IN THIS CRASH:

_________________________ ___________________________ ______________________
(Last name) (First name) (Middle initial) (Driver License no.)

DID YOU HAVE LIABILITY INSURANCE COVERAGE FOR THIS CRASH? YES_____ NO _____

IF YES, PROVIDE COMPLETE INFORMATION BELOW:

NAME OF INSURANCE COMPANY (NOT AGENCY) ___________

ADDRESS ___________ ZIP ___________
(Street) (City) (State)

POLICY NUMBER ___________________________ POLICY PERIOD: FROM _________ TO _________

NAME OF POLICYHOLDER ___________ ADDRESS ___________

NAME OF INSURANCE REPRESENTATIVE (AGENCY) WHO ISSUED POLICY ___________

ADDRESS ___________ ZIP ___________
(Street) (City) (State)

NOTE: THE INSURANCE INFORMATION YOU PROVIDE WILL BE forwarded to THE INSURANCE
COMPANY FOR VERIFICATION.

_________________________________________ ___________________________
(Signature) (Date)
STATE OF TENNESSEE
DEPARTMENT OF SAFETY AND HOMELAND SECURITY

OWNER/DRIVER REPORT

As set forth under the provisions of 55-12-104, T.C.A., you must file, or have filed in your behalf, a personal report with the Department of Safety, if you were involved in an automobile crash as an owner or driver involving death or injury, or in which damage to property was in excess of four hundred dollars ($400) to any person involved. This report is required regardless of who was at fault and in addition to any report filed by an investigating officer.

Failure to file a personal crash report with the Department of Safety and Homeland Security may result in the suspension of driver license and registrations or nonresident operating privileges of any person involved in a crash.

Your report must be submitted to the Department within twenty (20) days from the crash. You can satisfy this requirement by completing the reverse side of this form and mailing it to the Tennessee Department of Safety and Homeland Security, P.O. Box 945, Nashville, TN 37202. If you have any questions, please call (615) 741-3954, toll-free (866) 903-7357 or the Telecommunications Device for the Deaf (615) 532-2281.

Thank you for your cooperation.

TENNESSEE DEPARTMENT OF SAFETY AND HOMELAND SECURITY