



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 37202-0945

DATE OF CRASH: _____ PLACE OF CRASH: _____
Month/Day/Year City County

VEHICLE MAKE: _____ VEHICLE YEAR: _____ VEHICLE TYPE: _____

NAME OF OPERATOR: _____ DOB: _____
Last First Middle Month/Day/Year

ADDRESS: _____
Number Street City State Zip

DRIVER LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

NAME OF OWNER: _____ DOB: _____
Last First Middle Month/Day/Year

ADDRESS: _____
Number Street City State Zip

DRIVER LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

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

WERE THERE DAMAGES TO YOUR VEHICLE? YES NO
IF YES, WERE THEY LESS THAN \$1,500? OR GREATER THAN \$1,500 IF OVER \$1,500, ENTER AMOUNT _____

WERE THERE DAMAGES TO STATE OR LOCAL PROPERTY? YES NO
IF YES, WERE THEY LESS THAN \$400? OR GREATER THAN \$400 IF OVER \$400, ENTER AMOUNT _____

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

Last Name	First Name	Middle Initial	Driver License Number
-----------	------------	----------------	-----------------------

DID YOU HAVE LIABILITY INSURANCE COVERAGE FOR THIS CRASH? YES NO

IF YES, PROVIDE COMPLETE INFORMATION BELOW:

NAME OF INSURANCE COMPANY (NOT AGENCY): _____

ADDRESS: _____
Number Street City State Zip

POLICY NUMBER: _____ POLICY PERIOD: FROM: _____ TO: _____

NAME OF POLICYHOLDER: _____

ADDRESS: _____
Number Street City State Zip

NAME OF INSURANCE REPRESENTATIVE (AGENCY) WHO ISSUED POLICY: _____

ADDRESS: _____
Number Street City State Zip

NOTE: THE INSURANCE INFORMATION YOU PROVIDE WILL BE FORWARDED TO THE INSURANCE COMPANY FOR VERIFICATION.

Signature Date

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 and Homeland Security, 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 one thousand five hundred dollars (\$1,500) to any person involved OR if an accident results in damage to state or local government property in excess of four hundred dollars (\$400). 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 Tennessee 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 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