

**STATE OF TENNESSEE  
DEPARTMENT OF SAFETY AND HOMELAND SECURITY**

**OWNER/DRIVER REPORT**

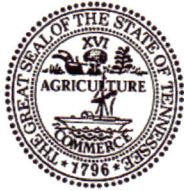
As set forth under the provisions of 55-12-104, T.C.A., you must file, or have filed in your behalf, a personal report with the Department of Safety, if you were involved in an automobile crash as an owner or driver involving death or injury, or in which damage to property was in excess of four hundred 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



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**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)