



# 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