

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 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



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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 Number)
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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)