STATE OF TENNESSEE
DEPARTMENT OF SAFETY
FINANCIAL RESPONSIBILITY DIVISION

OWNER / DRIVER REPORT

IMPORTANT: COMPLETE FORM BELOW AND MAIL TO: FINANCIAL RESPONSIBILITY DIVISION,
1150 FOSTER AVE., NASHVILLE, TENNESSEE 37210

DATE OF CRASH ___________________ PLACE OF CRASH ___________________
(month/day/year) (city) (county)

VEHICLE MAKE ________________ VEHICLE YEAR ________________ TYPE VEHICLE ________________

NAME OF OPERATOR ___________________ DOB ___________________
(First) (Middle)

ADDRESS ___________________ ZIP ___________________
(Street) (City) (State)

DRIVER LICENSE NO. ___________________ STATE ________________ EXPIRATION DATE ________________

NAME OF OWNER ___________________ DOB ___________________
(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)
TENNESSEE DEPARTMENT OF SAFETY

OWNER / DRIVER REPORT

As set forth under the provisions of 55-12-104, T.C.A., you must file, or have filed on your behalf, a personal accident report with the Department of Safety, if you were involved in an automobile accident 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 accident report with the Department of Safety 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 returning it to the Financial Responsibility Section, 1150 Foster Ave, Nashville, Tennessee 37210, (Telephone Numbers: (615)741-3954; Telecommunications Device for the Deaf (615)532-2281.

Thank you for your cooperation.

Financial Responsibility Division