

STATE OF TENNESSEE DEPARTMENT OF SAFETY

OWNER/DRIVER REPORT

IMPORTANT: COMPLETE FORM BELOW AND MAIL TO: TENNESSEE DEPARTMENT OF SAFETY P.O. BOX 945., NASHVILLE, TN 37202

(month/daylyear) (City) (County) //EHICLE MAKE VEHICLE YEAR TYPE VEHICLE NAME OF OPERATOR DOB (Last) (First) (Middle) ADDRESS (Street) (City) (State) DRIVER LICENSE NO: STATE EXPIRATION DATE NAME OF OWNER (Last) (First) (Middle) ADDRESS (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. FOVER \$400, ENTER AMOUNT FOVER \$400, ENTER AMOUNT (Example of INVOLVED IN THIS CRASH: (Last name) (First name) (Middle initial) (Driver License no.) DID YOU HAVE LIABILITY INSURANCE COVERAGE FOR THIS CRASH? YES NO NO F YES, PROVIDE COMPLETE INFORMATION BELOW: NAME OF INSURANCE COMPANY (NOT AGENCY) ZIP ADDRESS ZIP VAME OF INSURANCE REPRESENTATIVE (AGENCY) WHO ISSUED POLICY ZIP NAME OF INSURANCE INFORMATION YOU PROVIDE WIL	DATE OF CRASH:	PLACE OF CRASH:	PLACE OF CRASH:			
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(Last)	VEHICLE MAKE	VEHICLE YEAR	TYPE VEHICL	E		
ADDRESS	NAME OF OPERATOR			DOB		
STATE	(Last)	(First)	(Middle)	·		
STATE	ADDRESS				ZIP	
NAME OF OWNER	(Street)	(0	(City)			
ZIP	DRIVER LICENSE NO:	STAT	E EXI	PIRATION DA	TE	
ZIP	NAME OF OWNER			DOB		
DRIVER LICENSE NO:	(Last)	(First)	(Middle)			
DRIVER LICENSE NO:	ADDRESS		C:t. /\	(Ctoto)	ZIP	
MERE THERE INJURIES OR DEATH INVOLVED IN THIS CRASH?YESNO DAMAGES TO YOUR VEHICLE:LESS THAN \$400OVER \$400. F OVER \$400, ENTER AMOUNT F 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? YESNO F YES, PROVIDE COMPLETE INFORMATION BELOW: NAME OF INSURANCE COMPANY (NOT AGENCY) ADDRESS ZIP POLICY NUMBER POLICY PERIOD: FROM TO NAME OF POLICYHOLDER ADDRESS NAME OF INSURANCE REPRESENTATIVE (AGENCY) WHO ISSUED POLICY ADDRESS ZIP STIP						
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NAME OF INSURANCE COMPANY (NOT AGENCY) ADDRESS	DID YOU HAVE LIABILITY INSURA	ANCE COVERAGE FOR THI	S CRASH? YES	NO		
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NAME OF INSURANCE REPRESENTATIVE (AGENCY) WHO ISSUED POLICY	POLICY NUMBER	POLICY	POLICY PERIOD: FROM		·o	
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(Signature) (Date)			L BE FORWARDED	TO THE INSU	JRANCE	
	-	(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 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 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, 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