



# 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
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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: \_\_\_\_\_  
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

**After filling out this form, print it, and sign and date it before mailing it to the address above.**