

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: VEHICLE YEAR: VEHICLE TYPE: VEHICLE MAKE: NAME OF OPERATOR: First Month/Day/Year ADDRESS: _ Street State Citv Zip STATE: EXPIRATION DATE: DRIVER LICENSE NUMBER: NAME OF OWNER: DOB: Month/Day/Year ADDRESS: Number Street DRIVER LICENSE NUMBER: STATE: EXPIRATION DATE: WERE THERE INJURIES OR DEATH INVOLVED IN THIS CRASH? ☐ YES WERE THERE DAMAGES TO YOUR VEHICLE? YFS \square NO IF YES, WERE THEY LESS THAN \$1,500? ☐ OR GREATER THAN \$1,500 П IF OVER \$1,500, ENTER AMOUNT WERE THERE DAMAGES TO STATE OR LOCAL PROPERTY? □ NO П 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 \square IF YES, PROVIDE COMPLETE INFORMATION BELOW: NAME OF INSURANCE COMPANY (NOT AGENCY): ADDRESS: Street Number Citv POLICY NUMBER: POLICY PERIOD: FROM: TO: NAME OF POLICYHOLDER: ADDRESS: Street Citv State NAME OF INSURANCE REPRESENTATIVE (AGENCY) WHO ISSUED POLICY: ADDRESS: NOTE: THE INSURANCE INFORMATION YOU PROVIDE WILL BE FORWARDED TO THE INSURANCE COMPANY FOR VERIFICATION. Signature Date

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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 from 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.

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