STATE OF TENNESSEE
DEPARTMENT OF SAFETY
FINANCIAL RESPONSIBILITY DIVISION

OWNER / DRIVER REPORT

IMPORTANT: COMPLETE FORM BELOW AND MAIL TO: FINANCIAL RESPONSIBILITY DIVISION,
P.O. BOX 945, NASHVILLE, TENNESSEE 37202

DATE OF ACCIDENT: _____ (month/day/year) PLACE OF ACCIDENT: _____ (city) _____ (county)

VEHICLE MAKE _____ VEHICLE YEAR _____ TYPE VEHICLE _____

NAME OF OPERATOR _____ (Last) (First) (Middle) DOB _____

ADDRESS _____ (Street) (City) (State) ZIP _____

DRIVER LICENSE NO: _____ STATE _____ EXPIRATION DATE _____

NAME OF OWNER _____ (Last) (First) (Middle) DOB _____

ADDRESS _____ (Street) (City) (State) ZIP _____

DRIVER LICENSE NO: _____ STATE _____ EXPIRATION DATE _____

WERE THERE INJURIES OR DEATH INVOLVED IN THIS ACCIDENT? _____ 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 ACCIDENT:

_____
(last name) (first name) (middle initial) (driver license no.)

DID YOU HAVE LIABILITY INSURANCE COVERAGE FOR THIS ACCIDENT? _____ YES _____NO

IF YES, PROVIDE COMPLETE INFORMATION BELOW:

NAME OF INSURANCE COMPANY (NOT AGENCY) _____

ADDRESS _____ (Street) (City) (State) ZIP _____

POLICY NUMBER _____ POLICY PERIOD: FROM _____ TO _____

NAME OF POLICYHOLDER _____ ADDRESS _____

NAME OF INSURANCE REPRESENTATIVE (AGENCY) WHO ISSUED POLICY _____

ADDRESS _____ (Street) (City) (State) ZIP _____

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 in 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 an accident.

Your report must be submitted to the Department within **twenty (20) days** from the accident. You can satisfy this requirement by completing the reverse side of this form and returning it to the Financial Responsibility Section, P.O. Box 945, Nashville, Tennessee 37202, (Telephone Numbers: (615)741-3954; Telecommunications Device for the Deaf (615)532-2281.

Thank you for your cooperation.

Financial Responsibility Division