

IF YOU WERE TOLD TO COMPLETE AND FORWARD THIS REPORT TO THE DEPARTMENT, PLEASE REFER TO THE FOLLOWING INSTRUCTIONS AND EXAMPLE:

Florida Crash Reports can be purchased at www.BuyCrash.com						HSMV Report Number	
<input checked="" type="checkbox"/> Driver Report of Traffic Crash (Self Report)				REPORTING AGENCY CASE NUMBER		DATE OF CRASH 01-01-10	
<input type="checkbox"/> Driver Exchange of Information						TIME OF CRASH 11:30	
COUNTY OF CRASH (County Code) PINELLAS (04)		PLACE OR CITY OF CRASH (City Code) ST. PETERSBURG (64)		Check if Within City Limits <input type="checkbox"/>		CRASH OCCURRED ON STREET, ROAD, HIGHWAY 2 ND STREET SOUTH	
AT STREET ADDRESS # OR FEET 0		MILES 0		N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY U.S. 19	
SECTION ONE <input checked="" type="checkbox"/> VEHICLE		<input type="checkbox"/> NON-MOTORIST		(optional) EMAIL OWNER/DRIVER			
YEAR 80		MAKE (Chevy, Ford, Etc.) FORD		VEHICLE BODY TYPE (Car, Truck, Etc.) CAR		VEHICLE LICENSE NUMBER ABC-123	
				STATE FL		VIN	
INSURANCE COMPANY INSURANCE COMPANY OF FL				INSURANCE POLICY NUMBER I.C.F. 120000			
NAME OF VEHICLE OWNER JOHN DOE		(Check if same as Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street) 1111 FIRST STREET NORTH		CITY AND STATE PETERSBURG, FL	
						ZIP CODE 33731	
NAME OF DRIVER (Take From Driver License)/NON-MOTORIST BILL DOE				CURRENT ADDRESS (Number and Street) SAME AS OWNER		CITY AND STATE ZIP CODE	
DRIVER LICENSE NUMBER D 561345706000		STATE FL		DL TYPE		DRIVER/NON-MOTORIST HOME PHONE ()	
						DRIVER/NON-MOTORIST BUSINESS PHONE ()	
						SEX M	
						DATE OF BIRTH 01-01-70	
NAME OF PASSENGER SALLEY DOE				CURRENT ADDRESS (Number and Street) SAME AS OWNER		CITY AND STATE ZIP CODE	
NAME OF PASSENGER				CURRENT ADDRESS (Number and Street)		CITY AND STATE ZIP CODE	

Effective July 1, 2012, Section 316.066(1)(e), Florida Statute, requires that "The driver of a vehicle that was in any manner involved in a crash resulting in damage to a vehicle or other property which does not require a law enforcement report shall, within 10 days after the crash, submit a written report of the crash to the department. The report shall be submitted on a form approved by the department."

- Keep a copy of this report for your records and for insurance purposes.
- Sign the report at the bottom of the front page.
- Mail this report to: **Department of Highway Safety & Motor Vehicles**
Traffic Crash Records
Tallahassee, Florida 32399

Please use this space for comments and for listing any witnesses and/or additional passengers, stating which vehicle the passenger was in. For additional vehicles or other involved parties, please add additional front pages for this Driver Report of Traffic Crash.

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- ☐ Driver Report of Traffic Crash (Self Report)
- ☐ Driver Exchange of Information

HSMV Report Number

REPORTING AGENCY CASE NUMBER

DATE OF CRASH

TIME OF CRASH

AM

PM

COUNTY OF CRASH (County Code)

PLACE OR CITY OF CRASH (City Code)

Check if
Within City
Limits ☐

CRASH OCCURRED ON STREET, ROAD, HIGHWAY

AT STREET ADDRESS #

OR

FEET

MILES

N

S

E

W

AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY

OR FROM MILEPOST#

SECTION ONE

☐ VEHICLE☐ NON-MOTORIST

(optional) EMAIL OWNER/DRIVER

YEAR

MAKE (Chevy, Ford, Etc.)

VEHICLE BODY TYPE (Car, Truck, Etc.)

VEHICLE LICENSE NUMBER

STATE

VIN

INSURANCE COMPANY

INSURANCE POLICY NUMBER

NAME OF VEHICLE OWNER

(Check if same as Driver) ☐

CURRENT ADDRESS (Number and Street)

CITY AND STATE

ZIP CODE

NAME OF DRIVER (Take From Driver License)/NON-MOTORIST

CURRENT ADDRESS (Number and Street)

CITY AND STATE

ZIP CODE

DRIVER LICENSE NUMBER

STATE

DL TYPE

DRIVER/NON-MOTORIST HOME PHONE

DRIVER/NON-MOTORIST BUSINESS PHONE

SEX

DATE OF BIRTH

NAME OF PASSENGER

CURRENT ADDRESS (Number and Street)

CITY AND STATE

ZIP CODE

NAME OF PASSENGER

CURRENT ADDRESS (Number and Street)

CITY AND STATE

ZIP CODE

SECTION TWO

☐ VEHICLE☐ NON-MOTORIST

(optional) EMAIL OWNER/DRIVER

YEAR

MAKE (Chevy, Ford, Etc.)

VEHICLE BODY TYPE (Car, Truck, Etc.)

VEHICLE LICENSE NUMBER

STATE

VIN

INSURANCE COMPANY

INSURANCE POLICY NUMBER

NAME OF VEHICLE OWNER

(Check if same as Driver) ☐

CURRENT ADDRESS (Number and Street)

CITY AND STATE

ZIP CODE

NAME OF DRIVER (Take From Driver License)/NON-MOTORIST

CURRENT ADDRESS (Number and Street)

CITY AND STATE

ZIP CODE

DRIVER LICENSE NUMBER

STATE

DL TYPE

DRIVER/NON-MOTORIST HOME PHONE

DRIVER/NON-MOTORIST BUSINESS PHONE

SEX

DATE OF BIRTH

NAME OF PASSENGER

CURRENT ADDRESS (Number and Street)

CITY AND STATE

ZIP CODE

NAME OF PASSENGER

CURRENT ADDRESS (Number and Street)

CITY AND STATE

ZIP CODE

SECTION THREE

☐ VEHICLE☐ NON-MOTORIST

(optional) EMAIL OWNER/DRIVER

YEAR

MAKE (Chevy, Ford, Etc.)

VEHICLE BODY TYPE (Car, Truck, Etc.)

VEHICLE LICENSE NUMBER

STATE

VIN

INSURANCE COMPANY

INSURANCE POLICY NUMBER

NAME OF VEHICLE OWNER

(Check if same as Driver) ☐

CURRENT ADDRESS (Number and Street)

CITY AND STATE

ZIP CODE

NAME OF DRIVER (Take From Driver License)/NON-MOTORIST

CURRENT ADDRESS (Number and Street)

CITY AND STATE

ZIP CODE

DRIVER LICENSE NUMBER

STATE

DL TYPE

DRIVER/NON-MOTORIST HOME PHONE

DRIVER/NON-MOTORIST BUSINESS PHONE

SEX

DATE OF BIRTH

NAME OF PASSENGER

CURRENT ADDRESS (Number and Street)

CITY AND STATE

ZIP CODE

NAME OF PASSENGER

CURRENT ADDRESS (Number and Street)

CITY AND STATE

ZIP CODE

WITNESSES

(1) NAME

CURRENT ADDRESS

CITY AND STATE

ZIP CODE

(2) NAME

CURRENT ADDRESS

CITY AND STATE

ZIP CODE

SIGNATURE OF DRIVER MAKING REPORT

DATE