



HSMV Report Number

Florida Crash Reports can be purchased at www.BuyCrash.com

Driver Report of Traffic Crash (Self Report)

Driver Exchange of Information

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 (Area Code) DRIVER/NON-MOTORIST BUSINESS PHONE (Area Code) 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 (Area Code) DRIVER/NON-MOTORIST BUSINESS PHONE (Area Code) 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 (Area Code) DRIVER/NON-MOTORIST BUSINESS PHONE (Area Code) 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

YOU MUST READ AND COMPLY WITH THE INSTRUCTIONS ON THE BACK OF THIS FORM

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

Driver Report of Traffic Crash (Self Report)

Driver Exchange of Information

HSMV Report Number			
REPORTING AGENCY CASE NUMBER	DATE OF CRASH 01-01-10	TIME OF CRASH 11:30	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>

COUNTY OF CRASH (County Code) <i>PINELLAS (04)</i>	PLACE OR CITY OF CRASH (City Code) <i>ST. PETERSBURG (64)</i>	Check if Within City Limits <input type="checkbox"/>	CRASH OCCURRED ON STREET, ROAD, HIGHWAY <i>2ND STREET SOUTH</i>
AT STREET ADDRESS # 0	OR FEET	MILES 0	N S E W AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY <i>U.S. 19</i>

SECTION ONE VEHICLE NON-MOTORIST (optional) EMAIL OWNER/DRIVER

YEAR <i>80</i>	MAKE (Chevy, Ford, Etc.) <i>FORD</i>	VEHICLE BODY TYPE (Car, Truck, Etc.) <i>CAR</i>	VEHICLE LICENSE NUMBER <i>ABC-123</i>	STATE <i>FL</i>	VIN
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INSURANCE COMPANY <i>INSURANCE COMPANY OF FL</i>	INSURANCE POLICY NUMBER <i>I.C.F. 120000</i>
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NAME OF VEHICLE OWNER <i>JOHN DOE</i>	(Check if same as Driver) <input type="checkbox"/>	CURRENT ADDRESS (Number and Street) <i>1111 FIRST STREET NORTH</i>	CITY AND STATE <i>PETERSBURG, FL</i>	ZIP CODE <i>33731</i>
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NAME OF DRIVER (Take From Driver License)/NON-MOTORIST <i>BILL DOE</i>	CURRENT ADDRESS (Number and Street) <i>SAME AS OWNER</i>	CITY AND STATE	ZIP CODE
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DRIVER LICENSE NUMBER <i>D 561345706000</i>	STATE <i>FL</i>	DL TYPE	DRIVER/NON-MOTORIST HOME PHONE (Area Code)	DRIVER/NON-MOTORIST BUSINESS PHONE (Area Code)	SEX <i>M</i>	DATE OF BIRTH <i>01-01-70</i>
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NAME OF PASSENGER <i>SALLEY DOE</i>	CURRENT ADDRESS (Number and Street) <i>SAME AS OWNER</i>	CITY AND STATE	ZIP CODE
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NAME OF PASSENGER	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
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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.