

HSMV Report Number  
FOR AGENCY USE ONLY

**Driver Report of Traffic Crash (Self Report)**

**Driver Exchange of Information**

REPORTING AGENCY CASE NUMBER  
FOR AGENCY USE ONLY

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:

<input checked="" type="checkbox"/> <b>Driver Report of Traffic Crash (Self Report)</b> <input type="checkbox"/> <b>Driver Exchange of Information</b>		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>2<sup>ND</sup> STREET SOUTH</i>	
AT STREET ADDRESS # OR FEET MILES 0		N S E W AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY OR FROM MILEPOST# <i>U.S. 19</i>	
SECTION ONE <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> 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 STATE <i>ABC-123 FL</i>
INSURANCE COMPANY <i>INSURANCE COMPANY OF FL</i>		INSURANCE POLICY NUMBER <i>I.C.F. 120000</i>	
NAME OF VEHICLE OWNER (Check if same as Driver) <input type="checkbox"/>		CURRENT ADDRESS (Number and Street)	CITY AND STATE ZIP CODE
<i>JOHN DOE</i>		<i>1111 FIRST STREET NORTH</i>	<i>PETERSBURG, FL 33731</i>
NAME OF DRIVER (Take From Driver License)/NON-MOTORIST		CURRENT ADDRESS (Number and Street)	CITY AND STATE ZIP CODE
<i>BILL DOE</i>		<i>SAME AS OWNER</i>	
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 DATE OF BIRTH <i>M 01-01-70</i>
NAME OF PASSENGER <i>SALLEY DOE</i>		CURRENT ADDRESS (Number and Street)	CITY AND STATE ZIP CODE
		<i>SAME AS OWNER</i>	
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.
- Submit this via email to SelfReportCrashes@flhsmv.gov, OR;
- Mail this report to: **Florida Department of Highway Safety & Motor Vehicles**

**Crash Records  
2900 Apalachee Pkwy, MS 28  
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.