

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 <input type="checkbox"/> <input type="checkbox"/>

COUNTY OF CRASH (County Code)	PLACE OR CITY OF CRASH (City Code)	Check if Within City Limits <input type="checkbox"/>	CRASH OCCURRED ON STREET, ROAD, HIGHWAY	
AT STREET ADDRESS # OR FEET MILES N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		AT/ FROM INTERSECTION WITH STREET, ROAD, HIGHWAY		OR FROM MILEPOST#

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