

				HSMV Report Number																							
<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															
										<input type="checkbox"/>		<input type="checkbox"/>															
COUNTY OF CRASH (County Code)		PLACE OR CITY OF CRASH (City Code)				Check if Within City Limits		CRASH OCCURRED ON STREET, ROAD, HIGHWAY																			
						<input type="checkbox"/>																					
AT STREET ADDRESS #		OR		FEET		MILES		N		S		E		W		AT/ FROM INTERSECTION WITH STREET, ROAD, HIGHWAY		OR FROM MILEPOST#									
								<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>													
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																	
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		DRIVER/NON-MOTORIST BUSINESS PHONE		SEX		DATE OF BIRTH															
						Area Code		Area Code																			
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																			
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		DRIVER/NON-MOTORIST BUSINESS PHONE		SEX		DATE OF BIRTH															
						Area Code		Area Code																			
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																			
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		DRIVER/NON-MOTORIST BUSINESS PHONE		SEX		DATE OF BIRTH															
						Area Code		Area Code																			
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)		REPORTING AGENCY CASE NUMBER		DATE OF CRASH		TIME OF CRASH		AM		PM									
<input type="checkbox"/> Driver Exchange of Information				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.