

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
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INSURANCE COMPANY	INSURANCE POLICY NUMBER
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NAME OF VEHICLE OWNER (Check if same as Driver) <input type="checkbox"/>	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
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NAME OF DRIVER (Take From Driver License)/NON-MOTORIST	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
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DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER/NON-MOTORIST HOME PHONE Area Code	DRIVER/NON-MOTORIST BUSINESS PHONE Area Code	SEX	DATE OF BIRTH
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NAME OF PASSENGER	CURRENT ADDRESS (Number and Street)	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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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
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INSURANCE COMPANY	INSURANCE POLICY NUMBER
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NAME OF VEHICLE OWNER (Check if same as Driver) <input type="checkbox"/>	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
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NAME OF DRIVER (Take From Driver License)/NON-MOTORIST	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
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DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER/NON-MOTORIST HOME PHONE Area Code	DRIVER/NON-MOTORIST BUSINESS PHONE Area Code	SEX	DATE OF BIRTH
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NAME OF PASSENGER	CURRENT ADDRESS (Number and Street)	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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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
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INSURANCE COMPANY	INSURANCE POLICY NUMBER
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NAME OF VEHICLE OWNER (Check if same as Driver) <input type="checkbox"/>	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
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NAME OF DRIVER (Take From Driver License)/NON-MOTORIST	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE
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DRIVER LICENSE NUMBER	STATE	DL TYPE	DRIVER/NON-MOTORIST HOME PHONE Area Code	DRIVER/NON-MOTORIST BUSINESS PHONE Area Code	SEX	DATE OF BIRTH
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NAME OF PASSENGER	CURRENT ADDRESS (Number and Street)	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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WITNESSES

(1) NAME	CURRENT ADDRESS	CITY AND STATE	ZIP CODE	(2) NAME	CURRENT ADDRESS	CITY AND STATE	ZIP CODE
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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.