

Please complete and sign this form

Mail a **CERTIFIED CHECK** or **MONEY ORDER** for \$4.00 along with a self-addressed, stamped envelope to:

**Tennessee Department of Safety and Homeland Security
Financial Responsibility Division
PO Box 945
Nashville, TN 37202-0945**

(NO personal checks accepted)

Connection to Accident (Select one)

- I am a legal representative of a driver or property owner involved in the crash
- I own or lease an interest in property involved in the crash
- I am a driver involved in the crash
- I am the insured insurance agent of a party involved in the crash, their insurer or insurers to which the applied for insurance coverage

By signing this request, I or the organization I represent quality for disclosure of the crash report according to the options selected above and do swear or affirm that information contained in a crash report made confidential by statute will not be used for any other purpose including commercial solicitation of accident victims, or knowingly disclosed to any unauthorized third party for any purpose including solicitation.

Notice: Motor Vehicle crash information is regulated as provided in T.C.A. 55-10-108(d). You must be a driver involved in the crash, the owner of property involved in the crash, the insurer of any party who is the subject of the report, or a legal representative of the driver or owner. Obtaining a Motor Vehicle Crash Report from this request under false pretense is a criminal offense.

Crash Information

Name of a driver _____

Date of Crash ___/___/___ License Plate # _____

Roadway Name _____ Roadway Number _____

Report# _____ County _____

Investigating Agency _____

Signature _____ Date ___/___/___