

State of TN Driver Services

October 29, 2019

TN Driver License Inquiries- SMVR:

– Link

- Apps.tn.gov/smvr
- Verify Driver's License (DL) & Commercial Driver's License (CDL) validity

Single or Bulk Search

- Create an ACH account
- single search or bulk upload (up to 1,000 DL's at a time)

– Cost

• The cost for Driver License Inquiries (SMVR) is \$2.25 per search, **regardless of your search results**. So, you will want to ensure that you enter the driver license number correctly.



Benefits!



- Time Saver Supervisors, Employees, HR Department (Preliminary Estimate of 2,333 Hours – Conservative Estimate Greater Than \$100K annual savings
- More Accurate
- Includes CDL Validation
- Data will be corrected in Oracle EBS
- Also can be used to Validate Home Address for New Employees that require Shelby County residency
- Covers 95% of our employees Only 132 Employees have Drivers Licenses NOT in TN



SMVR- Landing Page

Driver License Inquiries

Returning Users

Welcome back.

Go to Log In

New Users

this information.

Sign Up

To obtain a user name and password and declare which of the DPPA provisions authorizes you to access

NEW APPLICATION FEATURES! Effective May 2, 2019, search results now include Commercial Drivers License (CDL) validity. You can also upload bulk License Numbers to return multiple results with just one query. See the new Upload Tab.

Effective October 23, 2019, bulk uploads can contain up to 1000 DL's at a time.

What You Can Do

Welcome to the Tennessee Department of Safety Driver License Inquiries. Here you can verify information on a Tennessee driver license.

Access to Driver License inquiries is governed by the <u>Federal Driver's Privacy Protection Act of 2000</u> (DPPA). In order to use this online service, you must meet two requirements:

1. Be authorized by one of the provisions of the DPPA.

2. Be a subscriber with a user name and password.

There is a \$2.25 cost per search REGARDLESS OF YOUR SEARCH RESULTS.

Help and FAQs Privacy Statement

Department of Safety This online service uses cookies.



TN TN.gov Account Management

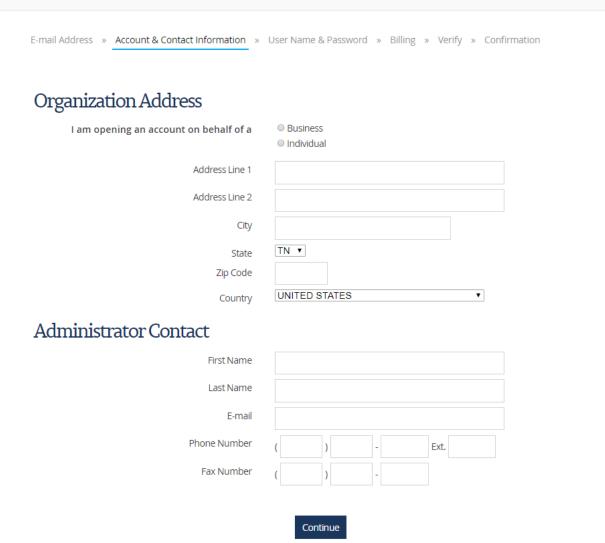
E-mail Address

E-mail Address » Account & Contact Information » User Name & Password » Billing » Verify » Confirmation

E-mail	Continue		
Help	and FAQs Privacy State	nent	



Account Information





E-mail Address » Account & Contact Information » User Name & Password » Billing » Verify » Confirmation

User Name

User Name requirements:

- Must be at least 5 characters in length.
- Must be no more than 20 characters in length.

User Name

Password

Password requirements:

- Must be at least 8 characters in length.
- Must contain at least one letter, one number and one special character.

Password	
Retype Password	

Security Questions

Please choose 3 different questions below and provide answers. Choose questions to which only you would know the answer. Your answers will be used to recover your password if you ever forget or lose it.

Question 1	Choose a security question
Answer 1	
Question 2	Choose a security question
Answer 2	
Question 3	Choose a security question •
Answer 3	



illing Information
E-mail Address » Account & Contact Information » User Name & Password » Billing » Verify » Confirmation
An ACH (Automated Clearing House) form is required to be submitted by your company in order to obtain access to the requested application. This form is an automated method for transactional charges to be debited to the State of Tennessee through a bank account. Users will receive a monthly statement that includes all transactions for the previous month. Once the statement is received, users will have 30 days to dispute any discrepancies before the total amount is deducted from the account on file.
ACH E-Signature
Please complete all fields marked with an asterisk(*)
TN Tennessee ③ -
Consent to do business electronically From: Mike Burkey Document: ACH Form - April 12 agree to the Terms of Use, have reviewed the Consumer Disclosure and agree to do business electronically with state Of Tennessee
Language English US V 0 2019 Adobe Systems incorporated All rights reserved. Terms Privacy Cookes Consumer Disclosure Trust AdChoices Billing Contact
Is the Billing Contact the same as Main Contact?
Is the Billing Address the same as Organizaton Address? [®] Yes [©] No
You will have a chance to verify all payment information before final submission.
Continue

TN

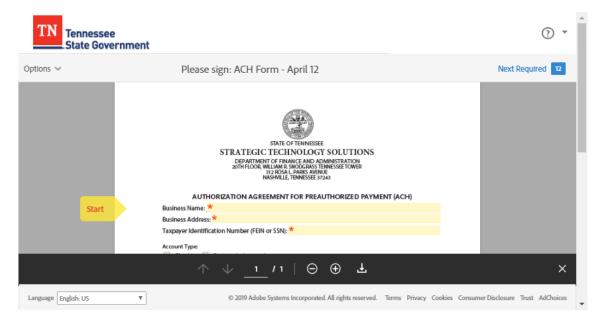
E-mail Address » Account & Contact Information » User Name & Password » Billing » Verify » Confirmation

An ACH (Automated Clearing House) form is required to be submitted by your company in order to obtain access to the requested application. This form is an automated method for transactional charges to be debited to the State of Tennessee through a bank account. Users will receive a monthly statement that includes all transactions for the previous month. Once the statement is received, users will have 30 days to dispute any discrepancies before the total amount is deducted from the account on file.

If you need additional information, please visit the FAQ page.

ACH E-Signature

Please complete all fields marked with an asterisk(*)



Billing Contact



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT (ACH) Business Name: Business Address: Taxpayer Identification Number (FEIN or SSN): Account Type: Checking Sovings (select one) Bank Name: Routing Number: Account Number: Please attach a scanned, voided check or signed letter from bank confirming routing and account numbers starter or counter checks are not acceptable. I authorize my financial institution to verify any information provided on this form with the State of Tennessee. I also authorize the state to initiate debit entries and to initiate if necessary, credit entries and adjustments for any debit entrie in error, to my account indicated above. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request. I certify that I am an authorized representative of the business indicated above and that I have the authority to enter information into this agreement on the business's behalf. Signature:		20TH FLOOR, WILLIAM R. SNODGRASS TENNESSEE TOWER 312 ROSA L. PARKS AVENUE NASHVILLE, TENNESSEE 37243
Business Name:	AUTHOR	
Business Address:		
Account Type: Checking Savings (select one) Bank Name: Routing Number: Account Number: Please attach a scanned, voided check or signed letter from bank confirming routing and account numbers Starter or counter checks are not acceptable. I authorize my financial institution to verify any information provided on this form with the State of Tennessee. I also authorize the state to initiate debit entries and to initiate if necessary, credit entries and adjustments for any debit entrie in error, to my account indicated above. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request. I certify that I am an authorized representative of the business's behalf. Signature: Printed Name: Date: Date:		
Checking Savings (select one) Bank Name: Routing Number: Account Number: Please attach a scanned, voided check or signed letter from bank confirming routing and account numbers Starter or counter checks are not acceptable. l authorize my financial institution to verify any information provided on this form with the State of Tennessee. I also authorize the state to initiate debit entries and to initiate if necessary, credit entries and adjustments for any debit entrie in error, to my account indicated above. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request. I certify that I am an authorized representative of the business indicated above and that I have the authority to enter information into this agreement on the business's behalf. Signature: Dote: Dote:	Taxpayer Identificatio	n Number (FEIN or SSN):
Routing Number:		vings (select one)
authorize the state to initiate debit entries and to initiate if necessary, credit entries and adjustments for any debit entrie in error, to my account indicated above. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request. I certify that I am an authorized representative of the business indicated above and that I have the authority to enter information into this agreement on the business's behalf. Signature:	Bank Name:	
Please attach a scanned, voided check or signed letter from bank confirming routing and account numbers Starter or counter checks are not acceptable. I authorize my financial institution to verify any information provided on this form with the State of Tennessee. I also authorize the state to initiate debit entries and to initiate if necessary, credit entries and adjustments for any debit entrie in error, to my account indicated above. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request. I certify that I am an authorized representative of the business indicated above and that I have the authority to enter information into this agreement on the business's behalf. Signature: Printed Name: Dote:	Routing Number:	
Starter or counter checks are not acceptable. I authorize my financial institution to verify any information provided on this form with the State of Tennessee. I also authorize the state to initiate debit entries and to initiate if necessary, credit entries and adjustments for any debit entrie in error, to my account indicated above. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request. I certify that I am an authorized representative of the business indicated above and that I have the authority to enter information into this agreement on the business's behalf. Signature: Printed Name:	Account Number:	
Printed Name:		
Date:	l authorize my financial ins authorize the state to initi in error, to my account ind notification of its terminat i certify that I am an autho	ate debit entries and to initiate if necessary, credit entries and adjustments for any debit entries icated above. This authorization will remain in effect until the state has received written ion and has adequate time to act upon the request. rized representative of the business indicated above and that I have the authority to enter
	I authorize my financial ins authorize the state to initi in error, to my account ind notification of its terminat I certify that I am an autho information into this agree	ate debit entries and to initiate if necessary, credit entries and adjustments for any debit entries icated above. This authorization will remain in effect until the state has received written ion and has adequate time to act upon the request. rized representative of the business indicated above and that I have the authority to enter ement on the business's behalf.
Contact Email: Phone Number:	I authorize my financial ins authorize the state to initia in error, to my account ind notification of its terminat I certify that I am an autho information into this agree Signature:	te debit entries and to initiate if necessary, credit entries and adjustments for any debit entries icated above. This authorization will remain in effect until the state has received written ion and has adequate time to act upon the request. rized representative of the business indicated above and that I have the authority to enter ement on the business's behalf.
	l authorize my financial ins authorize the state to initia in error, to my account ind notification of its terminat I certify that I am an autho information into this agree Signature: Printed Name:	te debit entries and to initiate if necessary, credit entries and adjustments for any debit entries icated above. This authorization will remain in effect until the state has received written ion and has adequate time to act upon the request. rized representative of the business indicated above and that I have the authority to enter rment on the business's behalf.
	l authorize my financial ins authorize the state to initia in error, to my account ind notification of its terminat I certify that I am an autho information into this agree Signature: Printed Name:	ate debit entries and to initiate if necessary, credit entries and adjustments for any debit entrie icated above. This authorization will remain in effect until the state has received written ion and has adequate time to act upon the request. rized representative of the business indicated above and that I have the authority to enter rment on the business's behalf.



TN TN.gov Account Management

Review and Submit Payment Information

E-mail Address » Account & Contact Information » User Name & Password » Billing » Verify » Confirmation

Please verify that the billing information shown below is correct.

Payment Information

 Billing Address
 901 5th Ave N, Nashville, TN 37293

 E-mail Address for Confirmation E-mail
 christine.estes@tn.gov



TN TN.gov Account Management

Confirmation

E-mail Address » Account & Contact Information » User Name & Password » Billing » Verify » Confirmation

Thank you for creating an account online at TN.gov. You should receive an e-mail confirmation shortly.

Service Agreements

Some of your TN.gov services require service agreements. Please follow the instructions below.



Driver License Inquiries



3 Scan each agreement.

Email agreements to the specified email address.

Services

Driver License Inquiries SMVR

If you have questions or need additional information, please contact: TN Web Help & Application Management, Phone: (629) 888-5870, Toll Free: (888) 890-8183 E-mail: apps.support@tn.gov



SMVR- New User Sign Up Request- Email

⊟ 9 V ↑	日 り ひ 个 🦆 🗧 Please confirm your signature on ACH Form - April 12 - Message (HTML)										
File Message	Help Q Tell me what you want to	do									
© Ignore ∭ – ⊗Junk - Delete Arch		Tasks → To Manager ✓ Complex Apps ✓ Done ↔ Reply & Delete ✓ Create New	▲ Move ▼ Actions ▼	Mark Categorize Follow Unread • Up •	Find → Find → Find → Related → Select →	A)) Read Aloud	Zoom				
Delete	Respond	Quick Steps	Ta Move	Tags 🕞	Editing	Speech	Zoom				
AS Please cor Retention Policy 90 Day I	firm your signature on ACH Form -				Expires 1/26/2020						
Un there are problems t	with now this message is displayed, thick here to	o view it in a web browser.									
Action Items											



Contact Linux Christine entresigen gov Analysise Unimana ChristieBell



Thank you for signing ACH Form - April 12. To complete the process, you just need to confirm your email address using the link below. It will only take seconds.

Confirm my email address

After you confirm your signature and other form participants have fulfilled their roles, all parties will be notified.

To ensure that you continue receiving our emails, please add echosign@echosign.com to your address book or safe list.



SMVR- User Log In

TN Driver License Inquiries

LogIn

User Name	testerqa
Password	••••••
	Log In
	rgot your <u>user name</u> or <u>password</u> ? punt information or <u>change your password</u> .



DL- Single Search

TN Driver License Inquiries

ch Upl	bload			
		per search REGARDLESS C		
Enter	r a driver license	ou enter the number correct number to search. Remen "I" or a lowercase letter "l."	er that sometimes the number "0" can look like the letter '	"O" and the number "1" can look like
	ppercube letter	Driver License N	ıber	
			Search	
			Scalut	



DL- Single Search Results

N	Driver	License	Inquiries
---	--------	---------	-----------

rou searche	ed fo						Search:		
to For Free	5103						Search	E	Exce
Name	•	Address		Date Of Birth	Driver License Number	CdlStatus	Non-CDL Status	License Expiration Date	
JOHN WINEMAN		6325 N QUAIL HOLLOW RD MEMPHIS TN	38120	01/25/1939	022154184	ELG	VAL	01/09/2027	
Excel									
how 10	۲	entries						«Previous 1 I	Ne
				Sear	ch Again				



DL- Bulk Upload

TN Driver License Inquiries

arch Upload		
Add Docume	ent	
		s you wish to find in the first column, with NO HEADER. You can ase DO NOT CLOSE or REFRESH during this process.
Select a file to upload	Choose File No file chosen	
Upload File		



Drivers License Validation Results

MLGW

	Spring 2019 Count	Fall 2019 Count
Total License Processed	2547	2529
 Count of Lic # Not Valid With State 	18	2
- Blank Drivers License Number in Oracle EBS	2	0
Non CDL Status		
- "VAL" – Valid Status	2506	2492
- "NON" – No Drivers License	1	1
- "MOV" – Moved, No Longer TN Driver	20	21
- "SUS" – Suspended	14	7
- "RR" – Revoked Restricted	2	2
- "EXP" – Expired	2	4
- "ELG" – Eligible but still no Valid	1	0
- "REV" – Revoked	0	1
Total Invalid Non CDL	39	35



Drivers License Validation Results – Cont.

MLGW

	Spring 2019 Count	Fall 2019 Count
CDL Status		
- "ELG" – Eligible to apply for CDL	1327	1327
- "LIC" - Valid CDL License	1174	1166
- "NOT" - Not a Valid License - Cancelled	46	36
Job Requires CDL License	35	26
Job does NOT Require CDL License	11	10
- "ELG" - BUT Current Job Requires CDL	44	48
License		
Total Invalid CDL	79	74
Oracle EBS Data Miss-match		
- Date Of Birth Not Matching in Oracle EBS	10	2
- Expiration Date Not Matching in Oracle EBS	463	473

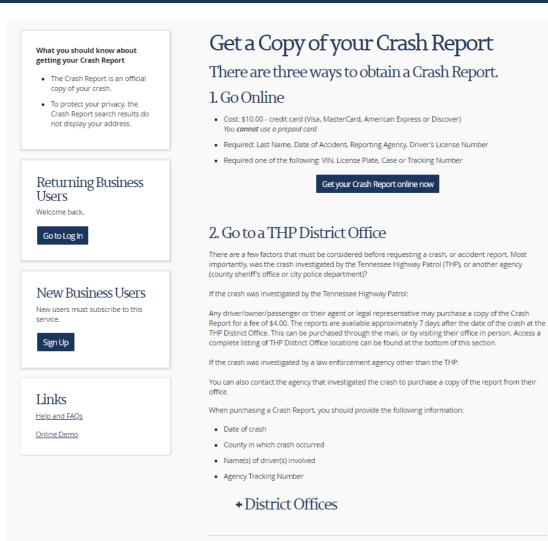


State of TN Crash Reports

- Link
 - Purchasetncrash.gov
- Includes:
 - Vehicle Crash Reports
 - Property Damage Reports Caused by Vehicle Crash
 - Crash Diagram
- What you will Need
 - Cost: \$10.00 credit card (Visa, MasterCard, American Express or Discover)
 You cannot use a prepaid card
 - Required: Last Name, Date of Accident, Reporting Agency, Driver's License Number
 - Required one of the following: VIN, License Plate, Case or Tracking Number



Crash Reports – Landing Page



3. Request by Mail

A cashier's check, money order, or personal/business check in the amount of \$4.00 must accompany
your request. If <u>sending by mail</u>, be sure and include the address to which you would like the Crash
Report mailed.



Get a Copy of your Crash Report There are three ways to obtain a Crash Report. 1. Go Online

- Cost: \$10.00 credit card (Visa, MasterCard, American Express or Discover) You cannot use a prepaid card
- Required: Last Name, Date of Accident, Reporting Agency, Driver's License Number
- · Required one of the following: VIN, License Plate, Case or Tracking Number

Get your Crash Report online now



TN Department of Safety & Homeland Security

Purchase TN Crash

Before You Begin

Can you print or save a PDF?

Your Crash Report will be an Adobe PDF, and you **must** have the ability to print or save it. Before you continue, check your printer connection and paper supply or make sure that you can save a PDF to a hard drive or mobile device.

Back Yes, I can print or save a PDF



Get Your Crash Report

Four easy steps

1. Enter: Last Name, Date of Accident, Reporting Agency, Driver License Number.

- 2. Enter one of the following: VIN, License Plate, Case or Tracking Number.
- 3. Submit your payment (Visa, MasterCard, American Express or Discover). You cannot use a prepaid card.
- 4. Print or save your Crash Report.

To protect your privacy, the Crash Report search results do not display your address.

The cost is \$10.00 per Crash Report.





Crash Report- Attestation

Traffic Crash Report

What is Your Involvement in the Crash?

(Please select one connection below)

Driver, Passenger, Property Owner

- I am a driver or passenger involved in the crash
- I own, lease, or have an interest in property involved in the crash

Legal or Insurance

- I am a legal representative of a driver or owner of property involved in the crash
- I am a licensed insurance agent of a party involved in the crash
- I am a legally authorized representative of a licensed insurance agent of a party involved in the crash

Other

I am someone other than the individual or parties listed above

I hereby acknowledge and understand per Tennessee Code Annotated 55-10-108:

(You must check all boxes below to continue.)

■ It is a Class B misdemeanor, punishable only by fine of two thousand five hundred dollars (\$2,500) per occurrence for any person to knowingly use the report or information contained in the report for solicitation that is prohibited by a standard of conduct or practice of any profession licensed by this state. Any person requesting the disclosure of personally identifying information who misrepresents that person's identity or makes a false statement on any request submitted pursuant to this chapter commits a Class B misdemeanor, punishable only by a fine of two thousand five hundred dollars (\$2,500) per occurrence.

III A person who holds a professional license regulated by the executive branch of this state who uses information obtained pursuant to this section in violation of a statute, code of professional ethics, or rule of professional conduct applicable to that person commits a Class B misdemeanor, punishable by frie only of two thousand five hundred dollars (\$2,500) per occurrence.

And

Businesses and individuals utilizing this site for the purpose of retrieving crash reports shall agree to the following usage guidelines and comply with applicable federal and state laws:

a. providing one (1) report to one (1) client of the business, with certification of the client's ability to obtain personally identifiable information under the federal Drivers' Privacy Protection Act of 1994 (18 U.S.C. §8 2721 – 2725), the Tennessee Uniform Motor Vehicle Records Disclosure Act (Tenn. Code Ann. § 55-25-101 - § 55-25-102, and Tenn. Code Ann. § 55-10-108. Any subsequent disclosure to either the same or a different client requires a new purchase from the Purchase ITVCrash.gov.

D. use of a report in the applicant's business as authorized by Tenn. Code Ann. § 55-10-108, §§ 55-25-101 - § 55-25-112, 18 U.S.C. §§ 2721-2725, or other state or federal law.

C. Acceptable business usage does NOT include use of crash reports for creation of a product or service contrary to applicable federal and state laws. Examples of unacceptable business usages included, but are not limited to:

- i. resale of a crash report obtained by the Business through PurchaseTNCrash.gov to more than one (1) person or entity;
- ii. providing the report to persons not authorized by state or federal law to receive personally identifiable information;
 iii. retention of the crash report for use in future commercial transactions; and
- in commercial solicitation.

By clicking "Submit", I confirm my selection above regarding my status and acknowledge that I have read and understand the law regarding access to these reports, subject to the statutory penalties.





Follow Steps to Find Vehicle Crash Reports

Enter Your Information

Make sure you enter this information correctly to obtain your Vehicle Crash Report. Crash Date MM / DD / YYYY * Date of Accident **Enter Your Last Name** * Your Last Name Enter Your First Name * Your First Name E-mail Address for Payment Confirmation * Your Email Re-enter E-mail Address * Confirm Email Enter Last Name * Last Name of Involved Party Enter Driver License Number (4-20 digits) * Driver License Number of Involved Party Select Agency ADAMSVILLE POLICE DEPT * Reporting Agency

Enter One of the Following:

VIN	
License Plate Number	
Case Or Tracking Number	
You will have a char	ice to verify this information on the next page.
fou will have a char	ce to verify this mormation on the next page.



Crash Reports- Verify

Search

Verify Your Information

Please ensure that the information below is correct. If not, click "Edit" to go back and re-enter it. If it is correct, click "Submit" to get your Crash Report.						
Email	CHRISTINE.ESTES@TN.GOV					
Last Name	TEST					
Driver License Number	987654321					
Date of Accident	05/29/2019					
Reporting Agency	THP DISTRICT 9 - ADMINISTRATIVE					
Case or Tracking	10000006					
	Edit					

By checking the box below, you certify and affirm that you are a driver involved in the crash, the owner of property involved in the crash, the insurer of a party who is the subject of the report, or a legal representative of a driver or an owner. Obtaining a Motor Vehicle Crash Report from this request under false pretense is a criminal offense. Motor Vehicle crash information is regulated as provided in T.C.A. 55-10-108(d).

I certify.

Submit



Crash Reports- Is this the Report?

Search Results for Vehicle Crash Report

			Hint: Scroll t	table horizontally to see	e all the data			Print
Action	First Name	e 🔶 Last Name 🖨	Involved Drivers 🍦	Driver's License 🔶	MRN \$	Date of Accident	Case/Tracking Number	Cou
Purchase	JOHN	TEST	1. JOHN TEST 2. VEH OWNER 3. DRIVER THIRD	987654321	102346920	5/29/2019 12:00:00 AM	10000006	Davi
Print								I

TN

Crash Reports- Payment

Payment Entry lease note all fields with asterisks(*) are required.		
Payment Method: Credit or Debit Card		
Card Information	Billing Inform	nation
Card Number	*Name	
Expiration Date Month Vear Vear V	*Address	
Card Identification Code	*City	
	*State	Tennessee 🔻
	*Zip	
	*Phone	
	Email	



Thank you for purchasing an official crash report online at TN.gov. Your confirmation details are below. You can now download your Crash Report. You should receive an email confirmation shortly. This email will contain a link to your report that allows you to access the report for the next 48 hours for no additional costs. If you do not receive an email, check your spam folder.

Confirmation Number	4006502639						
Date	10/28/2019 01:21:45 PM						
Amount Paid	\$10.00						
Credit Card	*********5454						
Print	Confirmation						
Download Report							
Sea	arch Again						

Crash Reports- E-Mail Receipt & 48 Hr Link

Reply Reply All Forward Image: Christine Estes OR do-not.respond@tn.gov Ochristine Estes Purchase TN Crash Purchase TN Crash Retention Policy 90 Day Delete (90 days) Expires 1 Links and other functionality have been disabled in this message. To turn on that functionality, move this message to the Inbox.	1:22 PM
Thank you for purchasing your official Vehicle Crash Record online at apps.tn.gov/purchasetncrash . Please save or print this receipt for your records.	
Confirmation Number: 4006502639	
Date purchased: 10/28/2019 01:21:45 PM	
Name on Vehicle Crash Record: JOHN TEST	
Amount billed to card ending in *5454: \$10	
If you had a technical problem downloading or printing this official Vehicle Crash Record, you have 48 hours to try again. Go now to download ag https://testapps.tn.gov/purchasetncrash-app/retrieve. If it has been more than 48 hours since you purchased your official Vehicle Crash Record online, you can no longer retrieve it. This download does not apply to Vehicle Crash Record purchased in the mail or at a THP District Office.	
If you have any questions about your Vehicle Crash Record, contact the Dept. of Safety and Homeland Security at 1-866-468-4587.	
See what else you can do online at http://www.TN.gov - The official Web site for the State of Tennessee	

Crash Reports- PDF Download

 Accepted Date
 5/29/2019 11:50 AM

 Generated Date
 5/29/2019 11:50 AM

 Report Form Level
 2



 Master Record Number
 102346920

 Type Of Crash
 Property Damage

 Approved By
 008

Tennessee Electronic Traffic Crash Report

Incident Informati	ion		_									
Date of Crash	Day O	f Crash	Local A	gency	Number	Rep	Reporting Agency Name			Agency Tracking Number		
5/29/2019	Wed	nesday	THP0900 Th			Thp District 9 - Administrative				10000006		
Time of Crash		County							City			
24:00		Davids	son						Nashville			
Hit and Run	5	Solved			Police Pursu	it	5	chool Bus Invol	ved	Work 2	Zone	
No					No			No		Non	8	
Area			Interse	ection 1	Гуре			Relation To Ju	unction			
Residential			Four	-Way				Non-Junctio	n			
Block Number	Road	way Number			Roadway Na	ame					Suffix	Mile Marker
300		MURFREESBOR				SBOR) PKE					0.00
Estimated Distance		Distance Ty	/pe	Direc	tion	From Hi	m Highway/Intersection				Suffix	Intersect Number
0.00						ARLIN	IGTON A	/				
Roadway Local Id							Latitude			Lo	ngitude	
							36.139	050		-	86.733010	
First Harmful Event							Trafficwa	ау Туре				
Parked Motor Vehicl	e						Traffic	way-OPEN				
Weather Conditions			Light c	onditio	ons			Manner Of Co	llision			
Clear			Dayl	ight				Rear to Rea	r			

Incident Management

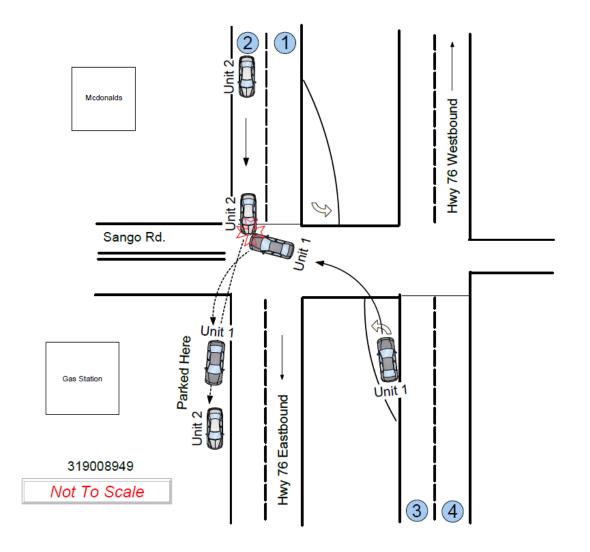
Secondary Crash	Secondary Crash Type B		Blockage Occurred
No		No	
Roadway / Lanes Blocked	Roadway Lanes/ Cleared		
anes Blocked			
ncident Started		Incident Cleared	

Investigating Officer Details

Investigation Complete	Rank		First Name		Middle Initial	Last Nan	ne	Suffix
Yes	3		IBM DEV TESTING			USER		
Badge Number		District/Zone		Car Number			Report Date	
007		3		3			05/29/2019	



Crash Reports- PDF Download

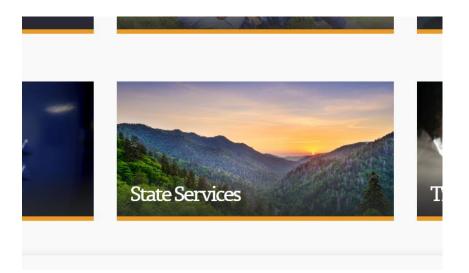






Other State of TN Applications

• Got to: MyTN or TN.Gov & select



• Or go to: <u>https://www.tn.gov/state-services.html</u>

