

State of Vermont  
DEPARTMENT OF MOTOR VEHICLES  
120 State Street  
Montpelier, VT 05603-0001  
dmv.vermont.gov

Agency of Transportation

[phone] 802-828-2000  
[fax] 802-828-2098  
[ttd] 711

### INVESTIGATION REFERRAL SHEET

Assigned Investigator's Name \_\_\_\_\_

Test Required

Report Required

- Eye
- Written
- Driving
- Complete

- Eye Evaluation
- Medical Evaluation
- Psychiatric Evaluation

- No Action
- Send To Investigation
- Other: \_\_\_\_\_

Name: <Recipient Name> \_\_\_\_\_

Address: <Street> \_\_\_\_\_

<Town And State> \_\_\_\_\_

DOB: <DOB> \_\_\_\_\_

ID #: <PID> \_\_\_\_\_

Reason: <Reason>

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Chief of Driver Improvement

**All supporting documents must be attached to this referral sheet to insure prompt processing.**

# Vehicle History Report



## VIN:1VXBR12EXCP901213

### Vehicle Specifications

This section lists basic vehicle details encoded by the VIN.

VIN	1VXBR12EXCP901213	Year	2005
Make	Toyota	Model	Corolla
Trim	CE	Engine	1.8L L4 DOHC 16V
Style	Sedan 4-Dr	Made In	United States
Steering Type	R&P	Anti-Brake System	4-Wheel ABS
Tank Size	13.20 gallon	Overall Height	58.50 in.
Overall Length	178.30 in.	Overall Width	68.00 in.
Highway Mileage	38 - 41 miles/gallon	City Mileage	30 - 32 miles/gallon

### Title Records

This section lists state title records. Please contact the states listed below to request details.

Source: NMVTIS

Date	State of Title	Type	Mileage	VIN
08/31/2011	<u>Washington</u>	Current	59,399 mi	
02/23/2008	<u>Wisconsin</u>	Historical	37,398 mi	1VXBR12EXCP901213
11/04/2007	<u>Wisconsin</u>	Historical	12,269 mi	1VXBR12EXCP901213
08/18/2006	<u>Ohio</u>	Historical	3,220 mi.	1VXBR12EXCP153842
06/22/2006	<u>Ohio</u>	Historical		1VXBR12EXCP153842

### Junk / Salvage / Insurance Records

This section lists junk, salvage, and insurance total loss records (if any).

Source: NMVTIS

Date	Reporting Entity	Details
10/25/2007	Insurance Salvage, Inc. Milwaukee, WI Phone: 5555478021	Damage type: Junk And Salvage Disposition: Sold Intended for export: NO

### Theft Records

This section lists active theft and theft recovery records for this VIN.

Source: VA, NICB

Date	Record Type	Details
2015-05-02	Theft	Date Of Theft: 2015-05-02 Theft Reported State: CA Theft Status: Active Vehicle Year: 05 Vehicle Make: CADi Source: National Insurance Crime Bureau
2015-05-09	Theft Recovery	Date Of Theft: 2015-05-02 Date Of Recovery: 2015-05-09 Theft Reported State: CA Theft Status: Inactive Vehicle Year: 05 Vehicle Make: CADi Source: National Insurance Crime Bureau

# Instructions

**Application will be returned if not completed in full and submitted with all required supporting documentation.**

- Owner/Co-Owner Relationship – If the vehicle is to be titled in two names, you must specify owner/co-owner relationship.
  - a. **Joint Tenants** - Rights of Survivorship
  - b. **Tenants by the Entirety** - Spouses.
  - c. **Tenants in Common** - No Rights of Survivorship
  - d. **Transfer on Death** - Requires completion of separate form (Notification of Transfer on Death VT-007) and is only applicable if vehicle is registered to only one owner
  - e. **Partners** - Business relationship; upon death of one of the owners of the vehicle; the survivor would have rights to the vehicle
- VIN – Indicate Vehicle/Vessel/ATV/Snowmobile Identification Number. If the Public VIN Plate has been removed, submit a completed Application for Assignment of Vehicle Identification Number form (VT-003) with this application. A VIN must be assigned before vehicle/vessel/ATV/snowmobile can be titled.
- Odometer Reading – All readings are to be recorded in whole numbers categorized as miles, kilometers or clock hours.
  - a. **Exception:** A signed statement by the person applying for a Rebuilt/Salvage Title, indicating the vehicle is not so equipped is acceptable, provided the statement references year, make and vehicle identification number.
- Damage/Damaged Components – Provide a description of the damage to the vehicle/vessel/ATV/snowmobile, as well as a list of the damaged components. Use additional pages if needed.
- Name and Address of Lienholders & Date of Liens – If applicable, indicate the name and address of any lienholder(s) and date(s) of the lien.
- Signature of Owner & Co-Owner – The application must be signed and dated by the owner(s) or authorized agent.

**A Salvage title will be issued in the name of the applicant only. The previous owner's name will not be recorded on the salvage title.**

**A Rebuilt title will be issued to the owners listed on the front of this application only.**

## NMVTIS<sup>1</sup> Title Brand Codes

1A Abandoned	20 Original Police	42 Vehicle Safety Defect
1B Off Road	21 Remanufactured	43 State Assigned VIN
1C More Than Two Liens	22 DO NOT USE – see #46	45 Gray Market Non-Compliance
1D Duplicate	23 Warranty Return	46 Gray Market
01 Flood Damage	24 Antique	47 Manufacturer Buy Back/Lemon Law
02 Fire Damage	25 Classic	48 Former Rental
03 Hail Damage	26 Agricultural Vehicle	49 Salvage - Stolen
04 Salt Water Damage	27 Logging Vehicle	50 Salvage - Other
05 Vandalism	28 Street Rod	51 Disclosed Damage
06 Kit	29 Reissued VIN	52 Non-Repairable/Repaired
07 Dismantled/Parts Only	30 Replica	53 Crushed
08 Junk	31 DO NOT USE – see #11	68 Actual (mileage)
09 Rebuilt	32 DO NOT USE – see #16	69 Not Actual (mileage)
10 Reconstructed	33 Bond Posted	70 Not Actual – Tampered (mileage)
11 Salvage	34 Memo Copy	71 Exempt Odometer
12 Test Vehicle	35 DO NOT USE – See #7	72 Exceed Mechanical Limits (mileage)
13 Refurbished/Glider	36 Recovered Theft	73 Odometer may be Altered
14 Collision	37 Undisclosed Lien	74 Odometer Replaced
16 Salvage Retention	38 Prior Owner Retained	75 Reading at Renewal (mileage)
17 Prior Taxi	39 Non-conform Uncorrect	76 Odometer Discrepancy
18 Prior Police	40 Non-conform Correct	77 Call Title Division – DO NOT USE
19 Original Taxi	41 Safety Defect Uncorrect	78 Rectify Previous EML Brand

<sup>1</sup> The National Motor Vehicle Title Information System (NMVTIS) is designed to protect consumers from fraud and unsafe vehicles and to keep stolen vehicles from being resold. NMVTIS is also a tool that assists states and law enforcement in deterring and preventing title fraud and other crimes.  
[www.vehiclehistory.gov](http://www.vehiclehistory.gov)

This form may be submitted at the time of registration to possibly reduce taxes owed. To be eligible for a refund after registration, this form must be completed and submitted to DMV within thirty (30) days from the date the vehicle was registered.

This form must be completed, in its entirety, by a licensed Vermont Dealer or an appraiser who is licensed with the [Vermont Department of Financial Regulation](#). The appraisal aims to establish a fair price for tax purposes. A vehicle being appraised must be deemed inspectable and roadworthy at the time of the appraisal. Any expense incurred is the responsibility of the owner or the person presenting the vehicle for inspection.

**Vehicle Owner**

<b>Name:</b>	<b>Last</b>	<b>First</b>	<b>Middle</b>
<b>Mailing Address</b> (Address Where You Get Your Mail):		<b>City:</b>	<b>State:</b> <b>Zip:</b>

**Vehicle Information**

<b>Make</b>	<b>Model</b>	<b>Model Year</b>	<b>Body Style</b>	<b>Color</b>	<b>Mileage (No Tenths)</b>
<b>Serial Number (VIN)</b>					<b>Vermont Registration #</b>

**Vehicle Evaluation** (Excellent | Good | Fair | Poor)

<b>Windshield</b>	<b>Side Glass</b>	<b>Body</b>	<b>Tires</b>	<b>Mechanical</b>	<b>Damaged Parts (Provide Detail)</b>
—	—	—	—	—	
<b>Salvage</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Rebuilt</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Totaled</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>JD Power Value<sup>1</sup></b> \$		
<b>Appraised Value<sup>2</sup></b> \$					

I hereby affirm, under penalty of perjury of the laws of the State of Vermont, that the information on this form is true and correct. This declaration made under penalties of 23 V.S.A. § 202 & § 4110.

<b>Authorized Vermont Dealer or Appraiser Business Name</b>	<b>Vermont Dealer/Appraiser Number</b>	<b>Appraiser is also a Certified Inspection Mechanic</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, mechanic #</b>
<b>Signature of Dealer or Appraiser</b>	<b>Date</b>	<b>Printed Name of Dealer or Appraiser</b>
<b>Email Address of Dealer or Appraiser</b>		<b>Phone Number of Dealer or Appraiser</b>

<sup>1</sup> Do not deduct more than 40% for high mileage.

<sup>2</sup> Minimum accepted value is \$500 for vehicles, \$200 for trailers



# Safety/Service Organization Special License Plate Application

DEPARTMENT OF MOTOR VEHICLES  
Agency of Transportation

120 State Street  
Montpelier, Vermont 05603-0001  
(voice) 802.828.2000  
Toll Free: 888-99-VERMONT  
TTD: 711

[dmv.vermont.gov](http://dmv.vermont.gov)

Name & Address	Last Name		First Name		Middle Initial	License #
	Mailing Address					
	City			State		ZIP Code
	Email			Phone		
Vehicle	Current Plate No.		Model Year		Make	A one-time Safety/Service Organization plate fee of \$21.00 is required.
	Serial Number (VIN)					
Please Check One <input checked="" type="checkbox"/> License Plate Type	<input type="checkbox"/> Professional Fire Fighters of Vermont (Letter on company letterhead stating they are a member in good standing)					
	<input type="checkbox"/> American Legion (Copy of a valid membership ID card or letter of authorization from Post Adjutant)					
	<input type="checkbox"/> Vermont State Firefighters Association Plate (Authorization letter from V.S.F.A.)					
	<input type="checkbox"/> Vermont National Guard Plate (Authorization from Office of the Adjutant General, State of VT)					
	<input type="checkbox"/> Vermont Amateur Radio Operator Plate (Copy of Federal Communication Commission License) FCC Callsign:					
	<input type="checkbox"/> VT Emergency Medical Services Plate [EMS] (Authorization letter from VT Ambulance Association)					
	<input type="checkbox"/> Vietnam Veterans of America (Copy of a valid VT Membership card or signed authorization)					
	<input type="checkbox"/> Lion's Club (Copy of membership ID card or letter of authorization from chapter officer)					
	<input type="checkbox"/> Veterans of Foreign Wars (Copy of valid membership card or an authorization signed by VFW Quartermaster)					
	<input type="checkbox"/> Rotary International (Copy of membership ID card or letter of authorization from chapter officer)					
<input type="checkbox"/> Grand Lodge of Vermont for Free Masons (Copy of a valid membership ID card or letter of authorization from lodge secretary)						
<input type="checkbox"/> National Ski Patrol (Copy of an active National Ski Patrol card)						

I hereby affirm, under penalty of perjury of the laws of the State of Vermont, that the information on this form is true and correct. This declaration made under penalties of 23 V.S.A. § 202 & § 4110.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **Instructions and conditions for Safety/Service Organization Special License Plate**

### **Name & Address Section:**

- This section must be completed in full, or this application will be returned to you.
- **If the address given differs from what appears on our records, this will be considered a notification of a change of address for all your records.** You are required to notify DMV within 30 days of any change in your mailing address, legal name, or physical residence.

### **Vehicle Section:**

- The vehicle listed on the application must be registered in the name of the authorized applicant (owner, co-owner, lessee, etc.) or a Safety/Service Organizations Plates plate will not be issued.
- Applicants for Vermont Amateur Radio Operator plates must enter their FCC Call sign. Both “O” (ocean) and “0” (zero) will be allowed on amateur operator plates only. The “O” (zero) must be clearly identified by a slash (/) mark.
- Only eligible members of Safety/Service Organizations that their organization has authorized may apply for a Safety/Service Organization plate.
- Safety/Service Organizations Plates can be issued on passenger cars, light trucks, and trucks registered for less than 26,001 pounds excluding vehicles registered under the International Registration Plan.
- A separate application must be made for plates for each vehicle.
- Delivery may take up to 30 days from the date of application. A temporary plate may be issued to the applicant if required.

### **License Plate Type:**

- Amateur radio operator plates are limited to a maximum of six characters, including one numeric character. Fewer characters than six will be automatically centered on the plate.
- Personalized special “vanity” number plates are prohibited for Safety / Service Organization license plates.
- If the vehicle is currently registered in Vermont, only the Safety/Service Organization plate fee of \$21.00 is due. If the vehicle is not currently registered in Vermont, complete a Registration Application. Submit all fees for registration, in addition to the Safety/Service Organization plate fee and this application.

### **Signature:**

- Sign and date
- Payment must be made in U.S. Funds. Do Not Send Cash.

Make	Model	Model Year	Vermont License or Permit #	Vermont Plate # (if applicable)
Serial Number (VIN)				Last 4 digits of your SSN or FEIN

The undersigned hereby certifies that:

- This motor vehicle was a gift. Therefore, there was NO payment in any form for this vehicle (including a cash payment, trade of any personal property, exchange of another vehicle, or assuming the donor's lien on the vehicle). **See additional information on the next page.**

Name of Last Registered Owner(s)		Donor's Signature		
The vehicle was gifted to me by my	Donor's Plate Number	State Last Registered in	Date of gift	

- The vehicle was registered to me in a jurisdiction that imposes a state sales or use tax on vehicles. Attach proof that the vehicle was registered to you in a qualifying jurisdiction. Examples of proof of registration are:

- Out-of-state Title.
- Registration Certificate(s) that show the vehicle was registered in your name.
- Bill of sale from the dealer showing your name as buyer and the total tax paid.
- Letter from that state motor vehicle department verifying the vehicle was registered in your name.

**NOTE:** Alaska, Delaware, Montana, New Hampshire, and Oregon do not collect sales or use tax.

- The applicant has a permanent disability that involves the loss of the effective use of an arm, hand, leg, or foot to such an extent that altered controls are required to operate a motor vehicle safely, or the applicant has a permanent disability that requires the installation of a mechanical lifting device to enable the individual to enter and exit the vehicle.

**NOTE:** The application must include a statement of eligibility from an automotive dealer specifying that the vehicle has been adapted for your use or is equipped with a mechanical lifting device.

Physician's Name		Physician's Signature		
Licensed in the State of	License Number	Phone Number	Date	

- I am transferring the motor vehicle from an individual, corporation, association, co-partnership, company, or firm to a corporation, association, co-partnership, company, or firm controlled by me. I have a controlling interest of at least 80% of the business entity known as \_\_\_\_\_. I also certify that this transaction is exempt under section 351 of the United States Internal Revenue Code. I understand that this exemption does not apply to DBAs, mergers, buyouts, or purchases of companies or their assets, or any other similar transactions.

I hereby affirm, under penalty of perjury, that the information on this form is true to the best of my knowledge. This declaration was made under penalties of 23 VSA § 202, § 203, § 4110 & 32 VSA § 8910.	Signature of Applicant	Date Signed
	X	

Phone Number(s):	Email Address:
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## Gift

You must provide the original title in the donor's name to qualify for the gift exemption if the vehicle was registered or titled in another jurisdiction/state. If the vehicle was not titleable in the previous jurisdiction, you must provide the original (or a certified copy) of the registration certificate in the donor's name.

If the donor is deceased, provide a copy of the death certificate. The Administrator or Executor must sign the application. The Administrator or Executor must attach court documentation showing that they were assigned as such (a copy of the will is unacceptable).

A motor vehicle may be exempt from taxation if it is a gift or inheritance as defined under 32 VSA §8911 (8).

To qualify for the exemption, the motor vehicle must be registered and/or titled in the name of the original donor and transferred as a gift to a

- Daughter / Daughter-in-Law
- Ex-Spouse
- Father / Father-in-Law
- Grandchild
- Grandparent
- Mother / Mother-in-Law
- Sibling
- Son / Son-in-Law
- Spouse
- Stepdaughter
- Stepfather
- Stepmother
- Stepsibling
- Stepson
- Trust established for the benefit of any such persons

**If the transfer involves a divorce**, provide a copy of a court document identifying the individuals and indicating the date of the final decree. The donor must have owned the vehicle on the date of the final decree. The transfer must occur within one (1) year after the date the divorce became final.

**If the transfer involves a trust**, submit copies of the trust documents with this form.

**Sale or Trade-In of Vehicles under Gift Tax Exemption.** The taxable cost of a vehicle, except a leased vehicle, is the taxable cost less the amount allowed as a trade-in. If the vehicle traded was received as a gift under the gift tax exemption guidelines, it does not need to have been registered by the purchaser of the new vehicle to qualify for the credit. Supporting documentation as stated previously is required to be included with the application for registration.

A transfer that involves payment of any kind does not qualify. If a "Gift Tax Exemption" claim is submitted with registration or title application that lists a lienholder, the exemption will be denied.

A refund request of the tax paid at the time of registration can be made within one year if proof of the eligibility for the gift tax exemption is obtained after the fact.

## Tax paid in another state

Vehicle on which a state tax (Sales, Purchase & Use or Ad Valorem) has been paid in another state by the person applying for a title/registration in Vermont. If the tax paid in another state is less than the Vermont tax, the tax due shall be the difference. You will be required to submit proof of tax paid. A copy of the retail installment agreement is not acceptable.

## Vehicle previously registered out-of-state

You may claim a tax credit for a vehicle registered to you in a jurisdiction that imposes a state sales or use tax on vehicles. You must provide proof that the vehicle was registered in a qualifying jurisdiction. Examples of proof of registration are:

- Out-of-state Title.
- Registration Certificate(s) that show the vehicle was registered in your name.
- Bill of sale from the dealer showing your name as buyer and the total tax paid.
- Letter from that state motor vehicle department verifying the vehicle was registered in your name.

## Persons with disabilities

A vehicle equipped with altered controls or equipped with a mechanical lifting device and owned and operated or titled by a permanently disabled person. **NOTE:** you will be required to submit a statement of eligibility from the dealer/installer stating the device has been installed along with this form signed by a physician certifying that the condition is permanent and the device is required.

## Controlling Interest

To claim a Purchase and Use Tax exemption for the transfer of a motor vehicle from an individual, corporation, association, co-partnership, company, or firm to a corporation, association, co-partnership, company, or firm controlled (control means that the transferor has a controlling interest of 80% or more in the business which is receiving the motor vehicle) by the transferor. This transaction must be exempt under 26 U.S. Code § 351 - Transfer to corporation controlled by transferor.



# Vermont Apportioned Registration Cab Card

## Registrant Information

<b>Name and Address:</b>	<b>USDOT:</b>	<b>Registration Date:</b> 01-Jan-2023
	<b>Carrier:</b>	<b>Expiration Date:</b> 31-Dec-2023
	<b>Fleet:</b>	<b>Vermont Fees</b> 876.35
	<b>DBA:</b>	

## Motor Carrier Responsible for Safety

<b>Name and Address:</b>	<b>Safety USDOT:</b>
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## Vehicle Information

<b>Unit:</b>	<b>Owner:</b>	
<b>License Plate:</b>	<b>Purchase Date:</b> 28-Dec-2012	<b>Gross Weight:</b> 80000
<b>VIN:</b>	<b>Fuel Type:</b> D	<b>Combined Weight:</b> 80000
<b>Vehicle Type:</b> TT	<b>Color:</b> WHI	<b>Unladen Weight:</b> 19800
<b>Vehicle Make:</b> VOLV		<b>Axles:</b> 3
<b>Model Year:</b> 2013		<b>Seats:</b> 0

THE VEHICLE DESCRIBED HAS BEEN PROPORTIONALLY REGISTERED BETWEEN THE STATE OF VERMONT AND THE JURISDICTIONS SHOWN BELOW.

THIS CARD MUST BE CARRIED IN THE VEHICLE TO WHICH IT IS ISSUED OR BE SUBJECT TO CONFISCATION.

(Canadian Provinces are shown in kilograms, all other jurisdictions are shown in pounds.)

AB 36287	AL 80000	AR 80000	AZ 80000	BC 36287
CA 80000	CO 80000	CT 80000	DC 80000	DE 80000
FL 80000	GA 80000	IA 80000	ID 80000	IL 80000
IN 80000	KS 80000	KY 80000	LA 80000	MA 80000
MB 36287	MD 80000	ME 80000	MI 80000	MN 80000
MO 80000	MS 80000	MT 80000	NB 36287	NC 80000
ND 80000	NE 80000	NH 80000	NJ 80000	NL 36287
NM 80000	NS 36287	NV 80000	NY 80000	OH 80000
OK 80000	ON 36287	OR 80000	PA 80000	PE 36287
QC 6	RI 80000	SC 80000	SD 80000	SK 36287
TN 80000	TX 80000	UT 80000	VA 80000	VT 80000
WA 80000	WI 80000	WV 80000	WY 80000	

EXPIRES LAST DAY OF

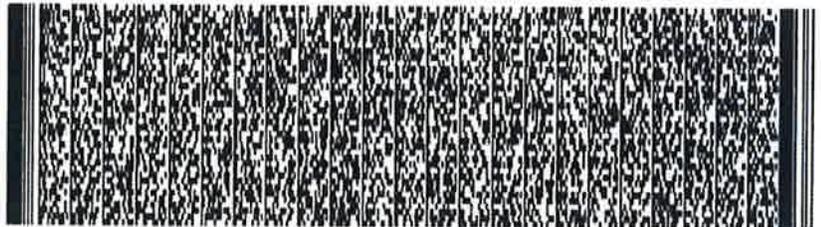
**12/23**

MM YY

EXPIRES LAST DAY OF

**12/23**

MM YY



AUTHORITY GRANTED UNDER 23 V.S.A. § 305(a). DATE REGISTERED AND BAR CODE VALIDATES THIS CAB CARD

Department of Motor Vehicles  
 Agency of Transportation  
 dmv.vermont.gov

120 State Street  
 Montpelier, Vermont 05603-0001  
 802.828.2000

**A crash with more than two vehicles involved must fill out as many forms as needed to include all vehicles involved in the crash.**

DMV CRASH NUMBER
------------------

The operator of every motor vehicle involved in a crash that results in injury or death or total property damage of \$3,000.00 or more (this includes all vehicles involved and physical property damage) must make a report on this form within 72 hours to the above address. You must report even if the vehicle was parked. The failure or refusal of any person to report may be punishable by a civil penalty. Insurance information is required.

Time of Crash <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Day of Week	Date of Crash	Location (City/Town)	Street/Route/Highway of crash
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Your Vehicle				Other Party			
Operator name (Last, First, Middle)		Date of Birth		Operator name (Last, First, Middle)		Date of Birth	
Address (street)				Address (street)			
City		State		City		State	
Zip		License #		License #		License #	
License Class		License State		License Class		License State	
VIN		Plate #		VIN		Plate #	
Plate State		Vehicle Year		Plate State		Vehicle Year	
Vehicle Make		Vehicle Model		Vehicle Make		Vehicle Model	
Vehicle Type		Trailer Year		Vehicle Type		Trailer Year	
Trailer Make		Trailer Model		Trailer Make		Trailer Model	
Trailer Plate #		Commercial Vehicle <input type="checkbox"/> YES <input type="checkbox"/> NO		Trailer Plate #		Commercial Vehicle <input type="checkbox"/> YES <input type="checkbox"/> NO	
Hazardous Materials <input type="checkbox"/> YES <input type="checkbox"/> NO		Hazardous Materials <input type="checkbox"/> YES <input type="checkbox"/> NO		Hazardous Materials <input type="checkbox"/> YES <input type="checkbox"/> NO		Hazardous Materials <input type="checkbox"/> YES <input type="checkbox"/> NO	

ACTUAL COST OF VEHICLE #1 REPAIRS	<b>IF THE CRASH INVOLVED A PEDESTRIAN OR A BICYCLIST, COMPLETE THE FOLLOWING INFORMATION</b>				ACTUAL COST OF VEHICLE #2 REPAIRS
PROPERTY DAMAGE OTHER THAN VEHICLE	<b>WHAT WAS PEDESTRIAN OR BICYCLIST DOING</b>				PROPERTY DAMAGE OTHER THAN VEHICLE
APPROXIMATE COST OF PROPERTY REPAIRS	<input type="checkbox"/> WALKING WITH TRAFFIC	<input type="checkbox"/> PLAYING IN ROAD	<input type="checkbox"/> UNKNOWN		APPROXIMATE COST OF PROPERTY REPAIRS
PROPERTY OWNER'S NAME AND ADDRESS:	<input type="checkbox"/> WALKING AGAINST TRAFFIC	<input type="checkbox"/> GETTING ON/OFF VEHICLE			PROPERTY OWNER'S NAME AND ADDRESS:
	<input type="checkbox"/> NOT IN ROADWAY	<input type="checkbox"/> PUSHING VEHICLE			
	<input type="checkbox"/> CROSSING INTERSECTION	<input type="checkbox"/> WORKING ON VEHICLE			
	<input type="checkbox"/> CROSSING NOT AT AN INTERSECTION	<input type="checkbox"/> RIDING/PUSHING BIKE	OTHER:		
	DESCRIBE INJURY:				

**OCCUPANT DATA - the information below is required for yourself and all occupants in all vehicles (attach additional sheets if there is not enough room below)**

Occupant's name and address (use the first line for yourself even if not injured)	Nature and extent of injury (state "none" if not injured)	Name of hospital injured taken to	THIS INFORMATION IS REQUIRED					
			Veh no	Position within vehicle	Age of occ.	Gender	Was seatbelt or harness used	Was occupant thrown from vehicle
			1	DRIVER				

Describe in your own words what happened (attach additional pages if necessary)

Did an officer investigate this crash?  Yes  No If yes, give the name of the officer:

Officers Department:

Were you driving a commercial vehicle?  Yes  No

Was the vehicle transporting hazardous materials?  Yes  No If yes, give the name of the material:

I hereby affirm, under penalty of perjury, that the information on this form is true and correct to the best of my knowledge. This declaration made under penalties of 23 VSA § 202 & § 4110.

Signature of Vehicle Owner

Date Signed

X

**IMPORTANT: YOU MUST FURNISH THE INSURANCE INFORMATION REQUESTED FOR THE VEHICLE YOU WERE OPERATING.**

Vermont law requires that any person involved in a crash which has resulted in bodily injury or death to any person or whereby the motor vehicle then under his control or any other property is damaged in an aggregate amount to the extent of \$3,000 or more must furnish the commissioner with satisfactory proof that a standard provisions automobile liability insurance policy was in full force and effect at the time of the crash.

Any person who fails to furnish satisfactory proof that liability insurance was in force at the time of the crash may be required to obtain and furnish proof that Financial Responsibility Insurance has been obtained to cover such person in the future operation of any motor vehicle.

<p><b>(OPERATOR #1) MUST COMPLETE BOTH SECTIONS BELOW IN FULL. IF YOU FAIL TO GIVE FULL INFORMATION BELOW, IT WILL BE ASSUMED THAT YOU DO NOT HAVE AUTOMOBILE LIABILITY INSURANCE AND A SUSPENSION OF YOUR LICENSE/PRIVILEGE TO OPERATE IN VERMONT WILL BE ISSUED.</b></p>	DMV CRASH NUMBER
<p>Was an Automobile Liability Insurance policy, providing you AT LEAST \$25,000/\$50,000 bodily injury and \$10,000 property damage insurance in effect on the date of the above crash? You <b>must</b> answer Yes or No.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Name of your (Operator 1) Insurance Company (<b>NOT AGENT</b>): Insurance</p> <p>Company Mailing Address: _____</p> <p>Policy Number: _____ Policy Period From: ____/____/____ to ____/____/____</p> <p>Name of Policy Holder: _____ Address: _____</p> <p>Name of Operator at the time of the Crash: _____ Date of Crash: ____/____/____</p> <p>Is this motor vehicle covered by a Certificate of Self-Insurance?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If yes, certificate number: _____</p>	

DO NOT DETACH FORM SR-21A	VERMONT DEPARTMENT OF MOTOR VEHICLES MONTPELIER VERMONT	DMV CRASH NUMBER
<p>Name of insurance company with whom you are insured for liability or damage to others (<b>For Operator #1</b>): _____</p> <p>Insurance Company mailing address: _____</p> <p>Policy Number: _____ Policy Period From: ____/____/____ to ____/____/____</p> <p>Date of Crash: ____/____/____ At or near (Town/City): _____</p> <p>Make of your vehicle: _____ Year: _____ Type: _____ VIN: _____</p> <p>Operator: _____ Address: _____</p> <p>Name of Policy Holder: _____ Signature of Operator: _____</p> <p style="text-align: center; color: red;"><b>IMPORTANT!! THIS CRASH SHOULD ALSO BE REPORTED DIRECTLY TO YOUR INSURANCE COMPANY. FAILURE TO REPORT MAY JEOPARDIZE YOUR AUTOMOBILE LIABILITY</b></p>		

DO NOT WRITE IN THE SECTION BELOW – IT IS FOR THE USE OF THE INSURANCE COMPANY ONLY

<p>TO INSURANCE COMPANY</p> <p>Return this form within 15 days if no policy or insufficient policy was in effect as alleged by a motorist. <b>If notification is not received within 15 days, it will be assumed the required insurance was in effect at the time of the crash.</b></p> <p>Send to: COMMISSIONER OF MOTOR VEHICLES, 120 STATE STREET, MONTPELIER, VERMONT 05603-0001</p> <p>Concerning an insurance policy for the policyholder named hereof, the undersigned insurance company advises you in accordance with the items checked below :</p> <p><input type="checkbox"/> 1. No such policy was in effect at the time of the crash.</p> <p><input type="checkbox"/> 2. Our policy affords limits of liability less than \$25,000/\$50,000 bodily injury and \$10,000 property damage (indicate actual limits under remarks).</p> <p>REMARKS: _____</p>		
Name of Insurance Company	Authorized Representative	Date