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Central Services Division Driver's License Assessment Team 555 Wright Way Carson City, NV 89711

Las Vegas (702) 486-4368 Option 1, 2 Reno/Carson City (775) 684-4364 Option 2

Fax: (775) 684-4829 dmv.nv.gov

## Failure to Report a Vehicle Crash Affidavit NRS 484E.070

	Case Number:	
	Crash Date:	
	Location:	
I, the undersigned, being first duly s	vorn, depose and state:	
<ol> <li>I did not willfully fail to repo Central Services, Financia</li> </ol>	rt the above-mentioned crash to the Department of Motor Vehi Il Responsibility.	cles,
	y be taken against me if it is subsequently determined I did wil the Department of Motor Vehicles, Central Services, Fina	-
	Name:	
	Mailing Address:	
State of, County of, _		
Signed and sworn to before me on_	 Date	
Ву:		
Signature of Affiant	Notary Stamp	
	Notary Public or Authorized Nevada DMV Representative	