



Central Services Division
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Las Vegas Area (702) 486-4DMV (4368)
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dmvnv.com

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

Case Number: \_\_\_\_\_

Crash Date: \_\_\_\_\_

Location: \_\_\_\_\_

I, the undersigned, being first duly sworn, depose and state:

- 1. I did not willfully fail to report the above-mentioned crash to the Department of Motor Vehicles, Central Services, Financial Responsibility.
2. I am aware that action may be taken against me if it is subsequently determined I did willfully fail to report the crash to the Department of Motor Vehicles, Central Services, Financial Responsibility.

Signature: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Signed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_
day month year

By \_\_\_\_\_

Notary Public or Authorized Nevada DMV Representative