

FRAUDULENT MISUSE OF MOTOR VEHICLE CREDENTIALS

PLEASE TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK



pennsylvania

DEPARTMENT OF TRANSPORTATION

Risk Management Office • P.O. Box 69005 • Harrisburg, PA 17106-9005

LAST NAME		FIRST NAME		MIDDLE NAME
STREET ADDRESS				
CITY		STATE	ZIP	DAY TIME PHONE NUMBER
VEHICLE INFORMATION				
TITLE NUMBER		VIN NUMBER		
VEHICLE MAKE		LICENSE PLATE NUMBER		

Please complete the section below if you know who may have caused this misuse:

LAST NAME		FIRST NAME		MIDDLE NAME
STREET ADDRESS				
CITY		STATE	ZIP	
RELATIONSHIP, IF ANY		PHONE NUMBER		
PLACE OF EMPLOYMENT				
DATE OF BIRTH	EYE COLOR	HAIR COLOR	HEIGHT	

Please provide details of your complaint:

I hereby certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2500.00 and/or imprisonment up to 1 year (18 PA. C.S. Section 4904(b)).

Signature: _____ Date: _____

Please return this form and any supporting documents to the address above.