



## 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.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

State of, \_\_\_\_\_ County of, \_\_\_\_\_

Signed and sworn to before me on \_\_\_\_\_

Date

By: \_\_\_\_\_

Signature of Affiant

Notary Stamp

\_\_\_\_\_  
Notary Public or Authorized Nevada DMV Representative