YOUR A VEHICLE — CALIFORNIA INSURANCE INFORMATION — DO NOT DETACH

The Department may send this part to the insurance company indicated. If not fully completed, it will be assumed you were not insured for the accident and your license will be suspended.

DMV FILE NUMBER

INSURANCE

NAME OF THE INSURANCE COMPANY (NOT AGENCY OR BROKERAGE) THAT ISSUED THE LIABILITY POLICY COVERING THE OPERATION OF YOUR VEHICLE

POLICY NUMBER: ALLSTATE

POLICY PERIOD From: 021608 To: 081509

DRIVER LICENSE NUMBER (DRIVER OF YOUR VEHICLE): [redacted]

DATE OF ACCIDENT: 05 28 08

IN OR NEAR (CITY OR TOWN) (CALIFORNIA ONLY): LosAngeles

VEHICLE (YEAR AND MAKE): 2008 Toyota Camry

VEHICLE IDENTIFICATION NUMBER: 4T1BK46K98U[redacted]

VEHICLE LICENSE PLATE NUMBER: [redacted]

STATE: CA

DRIVER: [redacted]

ADDRESS: [redacted] LA CA [redacted]

OWNER: [redacted]

ADDRESS: [redacted] LA CA [redacted]

FULL NAME OF THE POLICY HOLDER: [redacted]

ADDRESS: [redacted] LA CA [redacted]

SR 1A (REV. 5/2005) WWW

If the policy was not in effect, this form must be completed and returned to the Department within 20 days.

The undersigned company advises that with respect to the reported accident, the policy reported on the reverse side:

☐ WAS NOT IN EFFECT

☐ Was not a liability policy ☐ Did not cover vehicle/driver ☐ Number is not a company policy number

Policy Number _____ Policy Period from _____ to _____

Signature _____

Title _____

Date _____

MAIL TO:
Department of Motor Vehicles
Financial Responsibility
P.O. Box 942884
Sacramento, CA 94284-0884

SR 1A (REV. 5/2005) WWW

[redacted]

#09/2111789