ORM-1VR (2-10)

FRAUDULENT MISUSE OF MOTOR VEHICLE CREDENTIALS

PLEASE TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK

pennsylvania
DEPARTMENT OF TRANSPORTATION
Office of Risk Management • 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.