



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVE NE, SALEM OR 97314

# REPORT OF UNINSURED VEHICLE

I would like to report a vehicle which is licensed in Oregon and I believe is being operated without liability insurance as required by law.

PLATE NUMBER	MAKE	YEAR	
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PLATE NUMBER		YEAR	
NAME OF REGISTERED OWNER (LAST, FIRST, MIDDLE)		DATE OF BIRTH	ODL
STREET ADDRESS		CITY	STATE      ZIP CODE

Explain why you believe this vehicle is uninsured?

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SIGNATURE <b>X</b>	DATE
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735-6607 (2-96)

STK# 300334



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