

**For your protection California law requires the following to appear on this form.**

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

\_\_\_\_\_  
Signature Date

Presented Identification:

**California Drivers' License or DMV Identification Card**

Number \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expires: \_\_\_\_\_

Name (exactly as appears on license) \_\_\_\_\_

Birth Date \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

**Other Identification (Must be government ID such as passport, INS card, etc.)**

Type Of document: \_\_\_\_\_

Number: \_\_\_\_\_ Date issued: \_\_\_\_\_

Issuing Agency: \_\_\_\_\_ Agency phone # \_\_\_\_\_

Other Information: \_\_\_\_\_

**Claimed to not have identification or failed/refused to provide.**

Photographed  Yes  No Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

TYPE OF CLAIM:

Property Loss (Auto)  Personal Injury (Auto)  Hit and Run Traffic

Stolen Vehicle  Personal Injury (Non-auto)  Property Loss (Non-auto)

Other (details) \_\_\_\_\_

\_\_\_\_\_