

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF MOTOR VEHICLES  
Quality Review and Enforcement Unit  
2900 Apalachee Parkway  
Neil Kirkman Building, Room A320, MS #69  
Tallahassee, Florida 32399-0500

**SUSPECTED or REPORTED TITLE and REGISTRATION FRAUD**

Pursuant to section 319.33(1)(e), Florida Statutes, it is unlawful to use a fictitious name, give a false or fictitious address, or make any false statement in any application or affidavit required under the provisions of this chapter or in a bill of sale or sworn statement of ownership or otherwise commit a fraud in any application.

<b>1.</b>	<b>Victim's Information</b>		
Name:		Driver's License Number and Issuing State:	
Address:			
City:		State:	Zip:
E-mail Address:		Telephone Number:	

<b>2.</b>	<b>Vehicle Information</b>		
Year:		Make:	Model:
Vehicle Identification Number (VIN):			
State Vehicle Titled In:		Title Number:	

<b>3.</b>	<b>Certification by Law Enforcement Officer or DMV Compliance Officer</b>		
Name of law enforcement agency fraud was reported to:			
Officer's Name:		Telephone Number:	
Case Number:	<input type="checkbox"/> Criminal Case	<input type="checkbox"/> Incident Report	<input type="checkbox"/> Informational Only
I, the undersigned, certify that I have physically inspected the above described vehicle and find that the vehicle identification number (VIN) on the vehicle to be identical to the vehicle identification number recorded on this form.			
Vehicle Identification Number Verification:			
Current Odometer Reading:	,	● xx no tenths	
Signature of DMV Compliance Officer		or	Law Enforcement Officer
Printed Name of Compliance Officer		or	Law Enforcement Officer
<b>Fraud Investigation Being Conducted:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			

4.	<b>Suspect(s) Information, if known</b>			
Suspect's Name:				
Known Address:			City	State
Zip				
Telephone Number(s)	Home	Work	Cell	
Tag Number(s):				
Vehicle Description:				
Suspect Description:				

5.	<b>Complaint/Fraud Facts</b>
If needed, use additional sheets. Number of additional pages attached:	

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature:	Date:
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