www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

REPORT OF RECOVERED STOLEN VEHICLE

Purpose: After a stolen vehicle is reported to the law enforcement that initiated the original report, insurance companies use this form to record that a stolen vehicle has been recovered, the percent of damage and the estimated cost of repair.

Instructions: Print (in ink) or type all information requested. Send the completed form to the Vehicle Branding Work Center at the above address.

INSURANCE COMPANY INFORMATION

INSURANCE COMPANY NAME	TELEPHONE NUMBER ( )	INSURANCE COMPANY CODE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

RECOVERED STOLEN VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER (VIN)	YEAR	VEHICLE MAKE	ODOMETER READING (no tenths)
Check One: ☐ Any late model vehicle, defined as the current-year model, and the five preceding model years, or any vehicle whose actual cash value is determined to be at least $10,000 prior to being damaged. ☐ Other than Late Model Vehicle			☐ Actual ☐ Exceeds ☐ Not Actual

1. If applicable, answer this question:

☐ WATER DAMAGE - has a claim of $3,500 or more been paid by the insurance company for this vehicle?

☐ YES ☐ NO

2. Check one to indicate vehicle condition:

☐ NO DAMAGE - Title requested by insurance company (other than late model vehicle only).

☐ DAMAGED - Select % of damage below and enter the actual % of damage, estimated cost of repair and actual pre-theft cash value

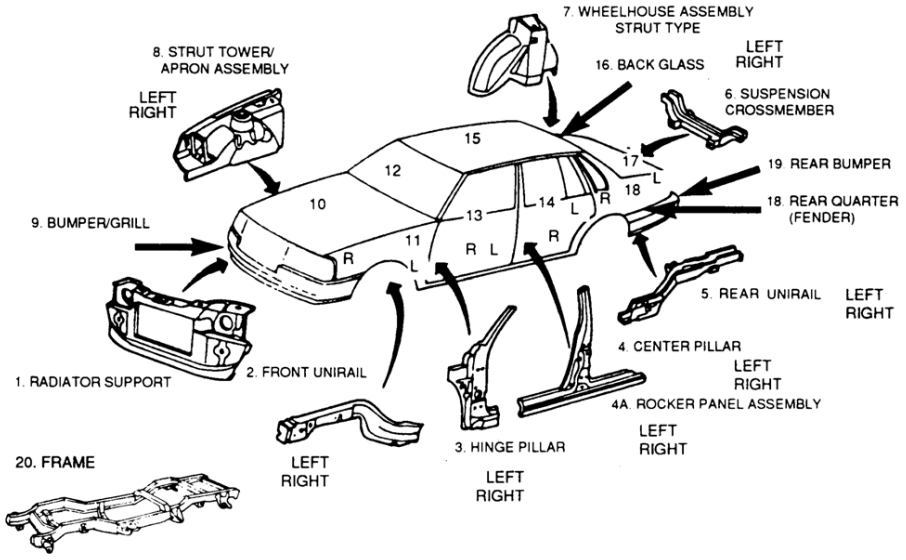
☐ a. Estimated cost to repair vehicle exceeds 90% (excluding the cost to repair cosmetic damages). Only eligible for a "Non-repairable Certificate".

☐ b. Estimated cost to repair vehicle does not exceed 90% - Certificate branded “Rebuilt”.

ACTUAL PRE-THEFT CASH VALUE	ESTIMATED COST OF REPAIR	ACTUAL % OF DAMAGE
$	$	

DESCRIPTION OF DAMAGE

Circle the number, and where applicable left or right, to indicate damaged area.



(21) (List Other/Parts-Explain)

CERTIFICATION

I certify that the vehicle described above has been recovered and that the estimated cost of repair and percent of damage is as indicated. I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

INSURANCE COMPANY REPRESENTATIVE NAME (print)	SIGNATURE OF INSURANCE COMPANY REPRESENTATIVE	DATE (mm/dd/yyyy)