

**TRAFFIC ACCIDENT  
 RECORD CORRECTION REQUEST**

NAME	DRIVER LICENSE NUMBER	FINANCIAL RESPONSIBILITY CASE NUMBER
MAILING ADDRESS	DATE OF BIRTH	VEHICLE LICENSE NUMBER
CITY	STATE	ZIP CODE
		WORK OR DAYTIME PHONE NUMBER (      )
RESIDENCE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)		

**IMPORTANT INFORMATION**

**Do not use this form to correct information regarding a traffic violation/conviction. To correct traffic violations/convictions, use the form DL-207 "Driver License Record Correction Request"– (Traffic Violations/Convictions Only)".**

The Department of Motor Vehicles (DMV) will use this form only to correct **a traffic accident**, which was reported by the California Highway Patrol or other law enforcement agency through a Traffic Accident Report.

**DMV will be unable to correct any traffic accident information on your driver record without the appropriate documents submitted with this form. The original Traffic Accident Report must be submitted with this form accompanied by an amended or supplemental law enforcement Traffic Accident Report or an original signed letter of explanation.** If a law enforcement officer did not prepare a traffic accident report, or you are uncertain who reported it, call DMV's Financial Responsibility Unit at: (916) 657-6677.

This form and any documents that support your request should be sent to the following address:

DEPARTMENT OF MOTOR VEHICLES  
 Mandatory Actions Unit, M/S J-233  
 P.O. Box 942890  
 Sacramento, CA 94290-0001

Please **allow four to six weeks** from the date of submission for the DMV to review and respond to your request. If you have any questions, please call: (916) 657-6525.

We recommend you keep copies of this completed form and any accompanying documents for your personal records.

**TRAFFIC ACCIDENT INFORMATION**

- I was not involved in a traffic accident that occurred in or near:
- I was not at fault in the accident that occurred in or near:

CITY/COUNTY	ON THE DATE OF
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Penal Code Section 115(a) states every person who knowingly procures or offers any false or forged instrument to be filed, registered, or recorded in any public office within this state, which instrument, if genuine, might be filed or registered, or recorded under any law of this state or the United States, is guilty of a felony.

**I certify under penalty of perjury under the laws of the State of California that the above information is true and correct. I also certify that I have read and understood all instructions and warnings on this form including the above provisions of Penal Code Section 115(a).**

SIGNATURE <b>X</b>	DATE
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<b>DRIVER RETURN RESPONSE SECTION</b>	<b>DMV USE ONLY SECTION</b>
<input type="checkbox"/> No supporting documentation attached <input type="checkbox"/> Missing signature	<input type="checkbox"/> Record correction updated on: _____ <b>NOTE:</b> You may go to any DMV field office and pay \$5.00 if you wish to get a copy of your updated driver record.