



Virginia Department of Motor Vehicles  
 Post Office Box 27412  
 Richmond, Virginia 23269-0001  
 www.dmv.virginia.gov

## DMV LAW ENFORCEMENT INVESTIGATION REQUEST

**Purpose:** Use this form to report incidents requiring DMV Law Enforcement attention, such as suspicious activity related to motor vehicles, driver licensing, fuels taxes, motor vehicle dealer transactions, DMV transactions, or property/passenger carrier operations, etc.

**Instructions:** All fields are not required but please complete as much information as possible. This will assist in the investigation of your request. To expedite the process, please submit the completed form and any supporting documentation online. If you are completing the form by hand and the space provided is not sufficient, please feel free to write on the back of the form or attach an extra page. To submit completed form: (1) Save it electronically and submit online at <https://www.dmv.virginia.gov/policies-regulations/law-enforcement-division#contact>; or (2) mail it to the address shown above. If you have questions, please call (804) 367-1678 or (804) 367-1997.

**NOTE:** All request are reviewed by DMV law enforcement. Some investigations are complex and can take several weeks or months to resolve.

| COMPLAINANT INFORMATION  |                   |                     |                |
|--|-------------------|---------------------|----------------|
| NAME (first, middle, last)   |                   | DMV CUSTOMER NUMBER |                |
| STREET ADDRESS   | CITY/TOWN         |                     | STATE ZIP CODE |
| MAY A DMV LAW ENFORCEMENT AGENT CONTACT YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO (Checking no may impede a successful investigation of your complaint.) |                   |                     |                |
| HOW DO YOU WANT TO BE CONTACTED? <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> EITHER   |                   |                     |                |
| RESIDENCE PHONE NUMBER   | CELL PHONE NUMBER | EMAIL ADDRESS       |                |

IF CRIMINAL CHARGES ARE WARRANTED, ARE YOU WILLING TO COOPERATE AND BE A WITNESS FOR COURT APPEARANCES?    YES    NO

CHECK THE BOX IF THE COMPLAINANT IS ALSO THE VICTIM.

| VICTIM INFORMATION (If other than reporting individual) |           |                     |                |
|---|-----------|---------------------|----------------|
| NAME (first, middle, last)                              |           | DMV CUSTOMER NUMBER |                |
| STREET ADDRESS  | CITY/TOWN |                     | STATE ZIP CODE |
| EMAIL ADDRESS   |           | TELEPHONE NUMBER    |                |

| VEHICLE INFORMATION (if applicable) |              |               |                                     |                |              |                            |
|-------------------------------------|--------------|---------------|-------------------------------------|----------------|--------------|----------------------------|
| VEHICLE YEAR                        | VEHICLE MAKE | VEHICLE MODEL | VEHICLE IDENTIFICATION NUMBER (VIN) |                | TITLE NUMBER |                            |
| VEHICLE COLOR                       | PRIMARY      | SECONDARY     | PLATE NUMBER                        | STATE OF ISSUE | MILEAGE      | PURCHASE DATE (mm/dd/yyyy) |

| SUSPECT/OFFENDER INFORMATION |  |           |                  |
|------------------------------|--|-----------|------------------|
| SUSPECT/OFFENDER NAME        |  |           |                  |
| STREET ADDRESS               |  | CITY/TOWN |                  |
| STATE                        |  | ZIP CODE  |                  |
| EMAIL ADDRESS                |  |           | TELEPHONE NUMBER |

**INCIDENT DETAIL INFORMATION**

INCIDENT LOCATION (enter as much information as possible)

BUSINES NAME/TRADE NAME/DMV OFFICE/OTHER LOCATION WHERE THE INCIDENT OCCURRED

INCIDENT DATE (mm/dd/yyyy) and TIME

STREET ADDRESS

CITY/TOWN

STATE

ZIP CODE

HAS THE INCIDENT BEEN REPORTED TO ANY OTHER LAW ENFORCEMENT AGENCY?  YES  NO

IF YES, WHICH AGENCY? \_\_\_\_\_

**INCIDENT DETAIL INFORMATION (continued)**

INCIDENT DESCRIPTION - Provide a brief description of the incident and your complaint. If you are completing this by hand and need more space, please use additional sheets as necessary.

**SIGNATURE**

**Falsely reporting a crime is unlawful and punishable as a misdemeanor (VA Code §18.2-461).**

NAME (print)

SIGNATURE

DATE (mm/dd/yyyy)