

DEPARTMENT OF MOTOR VEHICLES

LICENSING OPERATIONS DIVISION
P. O. BOX 942884
SACRAMENTO, CA. 94284-0001
(916) 657-6677



JUN 28, 2019

ORDER OF SUSPENSION

PLEASE SHOW THESE NUMBERS ON
YOUR CORRESPONDENCE

011100

NAPA, CALIFORNIA 94559

DRIVERS LICENSE NO.
FINANCIAL RESPONSIBILITY
CASE NO. 19-02-

YOUR DRIVING PRIVILEGE WILL BE SUSPENDED ON JUL 28, 2019 BECAUSE YOU DID NOT FILE A DMV TRAFFIC ACCIDENT REPORT (FORM SR-1) SHOWING LIABILITY INSURANCE COVERAGE IN EFFECT FOR THE VEHICLE INVOLVED IN THE ACCIDENT ON _____, 2019, IN OR NEAR NAPA COUNTY.

A TRAFFIC ACCIDENT REPORT IS REQUIRED WITHIN 10 DAYS OF THE ACCIDENT IF THERE ARE ANY INJURIES, DEATHS, OR DAMAGES OVER \$1000 (\$750 FOR ACCIDENTS PRIOR TO JANUARY 1, 2017). TO ANY ONE PERSON'S PROPERTY.

IF THE VEHICLE WAS INSURED OR YOU FEEL THIS NOTICE IS IN ERROR: CALL US AT (916) 657-6677 FROM 8:00 A.M. TO 5:00 P.M., MONDAY THRU FRIDAY OR WRITE TO THE ADDRESS LISTED ABOVE. IF YOU PROVIDE PROOF THAT LIABILITY INSURANCE WAS IN EFFECT AT THE TIME OF THE ACCIDENT OR INFORMATION THAT THE ACTION IS IN ERROR, WE WILL CANCEL THE DRIVER LICENSE SUSPENSION.

IF THE VEHICLE WAS NOT INSURED: UNLESS YOU ARE A COMMERCIALLY LICENSED DRIVER, YOU MAY ONLY DRIVE AN EMPLOYER'S VEHICLE IF DRIVING IS REQUIRED FOR YOUR EMPLOYMENT, AND THE VEHICLE IS REGISTERED TO YOUR EMPLOYER. IF YOU QUALIFY, YOU MAY ALSO APPLY FOR A RESTRICTED LICENSE (SEE PAGE 2), OTHERWISE, YOU WILL BE SUSPENDED FOR AT LEAST ONE YEAR FROM THE SUSPENSION DATE. AFTER JUL 27, 2020, YOUR DRIVING PRIVILEGE MAY BE RESTORED BY FILING AND MAINTAINING PROOF OF FINANCIAL RESPONSIBILITY (SEE PAGE 2).

THIS SUSPENSION IS TAKEN UNDER CALIFORNIA VEHICLE CODE SECTION 16004 AND/OR 16070 AND IS SEPARATE FROM ANY OTHER ACTION TAKEN BY A COURT OR DMV.

IF YOU DRIVE WHILE UNLICENSED, SUSPENDED, OR REVOKED, THE VEHICLE CAN BE IMPOUNDED AND SOLD (SAFE STREETS ACT OF 1994, SECTION 14607.6 V.C.).

YOU HAVE A RIGHT TO A HEARING AND TO HAVE A SIGN OR LANGUAGE INTERPRETER PRESENT.

IF YOU REQUEST A HEARING, NOTIFY US IF AN INTERPRETER IS NEEDED.

THE ISSUE OF FAULT WILL NOT BE CONSIDERED, BUT YOU MAY REQUEST A HEARING TO SHOW:

- * YOU WERE NOT EITHER THE DRIVER OR THE REGISTERED OWNER OF A MOTOR VEHICLE THAT WAS INVOLVED IN THE ACCIDENT.
- * THE AMOUNT OF DAMAGE TO ANY ONE PERSON'S PROPERTY WAS NOT OVER \$1000 (\$750 FOR ACCIDENTS PRIOR TO JANUARY 1, 2017) AND THERE WAS NO INJURY OR DEATH TO ANY PARTY.

TO SCHEDULE A HEARING YOU MUST SUBMIT A WRITTEN AND SIGNED REQUEST. YOUR REQUEST MUST BE POSTMARKED WITHIN 14 DAYS FROM THE DATE OF THIS ORDER OR YOU WAIVE YOUR RIGHT TO A HEARING. INCLUDE YOUR: FULL NAME, ADDRESS, DRIVER LICENSE NUMBER, FINANCIAL RESPONSIBILITY CASE NUMBER (OR A COPY OF THIS ORDER), AND THE REASON FOR REQUESTING A HEARING (SEE THE TWO CHOICES ABOVE).

USE THE ENCLOSED ENVELOPE OR WRITE TO: DEPARTMENT OF MOTOR VEHICLES, FINANCIAL RESPONSIBILITY AREA, P.O. BOX 942884, M/S J-237, SACRAMENTO, CA 94284-0884.

NOTE: A HEARING IS NOT REQUIRED TO OBTAIN A RESTRICTED LICENSE (SEE PAGE 2).

DEPARTMENT OF MOTOR VEHICLES

ENCLOSURES