



MISSOURI DEPARTMENT OF
REVENUE
 Statement of Non-Involvement

Case Number

I, _____, hereby state that I was not in any manner involved in a motor vehicle accident, either as vehicle operator or owner,			
Of a (Vehicle Make, Year, Model)	On the	Day of	Year
			Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
On (Street or Highway)	Or Near (Town or City)		

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.		
	Signature	Driver License Number	Date (MM/DD/YYYY) ____/____/____
	Address	City	State ZIP Code ____

Form 1600 (Revised 06-2013)

Mail to: Driver License Bureau
 301 West High Street - Room 470
 P.O. Box 200
 Jefferson City, MO 65105-0200

Phone: (573) 751-7195
Fax: (573) 526-7365
E-mail: dlbmail@dor.mo.gov

Visit dor.mo.gov/drivers/
 for additional information.

