



OFFICER'S NOTIFICATION TO THE DIVISION OF MOTOR VEHICLES OF SEIZURE AND IMPOUNDMENT OF VEHICLE

G.S. 20-28.3

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|--|------------------------|---|---------------------|
| <i>Date Of Offense</i> | <i>Date Of Seizure</i> | <i>County In Which Charges Are Filed</i> | |
| <i>Name And Address Of Defendant</i> | | <i>Defendant's Driver's License No.</i> | <i>State</i> |
| | | <i>Vehicle License No.</i> | <i>State</i> |
| <i>Name And Address Of Registered Owner(s)</i> | | <i>Vehicle Year</i> | <i>Vehicle Make</i> |
| | | <i>Vehicle Type</i> | |
| | | <i>Name, Address And Telephone No. Where Vehicle Stored</i> | |
| <i>Vehicle Identification No.</i> | | | |

INSURANCE INFORMATION

NOTE: Complete This Section If Seized Vehicle Is Damaged

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| <i>Name And Address Of Insurance Company For Seized Vehicle</i> | <i>Policy Number</i> |
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INSURANCE INFORMATION FOR OTHER VEHICLE(S) INVOLVED

NOTE: Complete This Section For All Other Vehicles Involved

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|--|----------------------------|----------------------|--|
| <i>Name And Address Of Insurance Company</i> | | <i>Policy Number</i> | |
| <i>Vehicle Identification No.</i> | <i>Vehicle License No.</i> | <i>State</i> | |
| <i>Vehicle Year</i> | <i>Vehicle Make</i> | <i>Vehicle Type</i> | |

(Add Additional Pages If Necessary)

OFFICER'S INFORMATION

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| <i>Seizing Officer's Name And Department Or Agency (Print)</i> | <i>Badge No.</i> |
| <i>Telephone No. ()</i> | |

NOTE TO OFFICER: Provide completed form to DCI terminal operator so that seizure information can be sent to DMV via DCI Formatted Screen within 24 hours of seizure. DCI terminal operator should keep this form on file for one week after entry. You may call (919) 861-3185 for assistance.