



**REPORT OF TRAFFIC ACCIDENT  
OCCURRING IN CALIFORNIA  
READ IMPORTANT INFORMATION ON BACK**

DMV USE ONLY

AS APPROPRIATE, PLEASE TYPE OR PRINT IN BOXES

REPORTING PARTY'S INFORMATION	REPORTER'S NAME (PRINT, MOBILE, LAST) Shawn Erik Stepper	DRIVER LICENSE NUMBER A3946022	STATE CA	
	DATE OF ACCIDENT 05/06/2008	ACCIDENT LOCATION (CITY/TOWNSHIP, CALIFORNIA ONLY) San Francisco / San Francisco	DATE OF BIRTH 11/13/1972	
OTHER PARTY'S INFORMATION	TYPE OF ACCIDENT <input type="checkbox"/> AM <input type="checkbox"/> FM <input checked="" type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> Parked <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other (if so, indicate)	DATE OF BIRTH 11/13/1972		
	DRIVER LICENSE NUMBER A3946022	STATE CA	DATE OF BIRTH 11/13/1972	
	CITY Eureka	STATE CA	ZIP CODE 94508	
	TELEPHONE NUMBER Wa (415) 222-4267	Mo (510) 506-0355		
	VEHICLE (YEAR AND MAKE) 2001 Moto Guzzi	VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER DCC8RAB811M115611	STATE CA	INSURANCE CARRIER <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	VEHICLE OWNER-PERSON OR COMPANY Shawn Erik Stepper	CITY Eureka	STATE CA	ZIP CODE 94508
MURDER/DEATH PROPERTY DAMAGE	INSURANCE COMPANY (NAME, ADDRESS AND PHONE NUMBER) Progressive Casualty Insurance Co.	POLICY NUMBER 30106279-8		
	COMPANY FILE NUMBER 24260	POLICY PERIOD From 01/14/2001 To 01/16/2008	POLICY HOLDER NAME Shawn Erik Stepper	
	REPORTER'S NAME (PRINT, MOBILE, LAST) Bessana Shelara Martin	DRIVER LICENSE NUMBER E1964296	STATE CA	
	DATE OF ACCIDENT 05/06/2008	ACCIDENT LOCATION (CITY/TOWNSHIP, CALIFORNIA ONLY) San Francisco / San Francisco	DATE OF BIRTH 01/02/1986	
	DRIVER LICENSE NUMBER E1964296	STATE CA	DATE OF BIRTH 01/02/1986	
	CITY Berkeley	STATE CA	ZIP CODE 94508	
TELEPHONE NUMBER Wa (415) 252-0490	Mo (510) 741-7131			
VEHICLE (YEAR AND MAKE) 2008 Dodge	VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER 4DCK129	STATE CA	INSURANCE CARRIER <input type="checkbox"/> Yes <input type="checkbox"/> No	
VEHICLE OWNER-PERSON OR COMPANY Dollar Rent A Car	CITY Oakland	STATE CA	ZIP CODE 94621	
INSURANCE COMPANY (NAME, ADDRESS AND PHONE NUMBER) Allstate	POLICY NUMBER 6059727534			
COMPANY FILE NUMBER ONE	POLICY PERIOD From 1999 To 1999	POLICY HOLDER NAME ONE		
NAME AND ADDRESS OF PERSONS INJURED OR DECEASED Shawn Erik Stepper 22 City Limits Circle, Eureka, CA 94508	<input checked="" type="checkbox"/> Injured <input type="checkbox"/> Deceased	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian		
NAME AND ADDRESS OF PERSONS INJURED OR DECEASED	<input type="checkbox"/> Injured <input type="checkbox"/> Deceased	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian		
OTHER PROPERTY DAMAGED (FREIGHTER, PLUMBING, ETC.)	PROPERTY DAMAGE (YES/NO)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Verify under penalty of perjury under the laws of the State of California that the information entered on this document is true and correct.

DATE: 05/06/2008 REPORTER'S NAME: Shawn Erik Stepper SIGNATURE: X

07 / 001 / 0000 0000  ADDITIONAL INFORMATION ATTACHED

INSURANCE NAME	YOUR CALIFORNIA INSURANCE INFORMATION		DO NOT DETACH	DMV FILE NUMBER
	The Department may sometimes refer to the insurance company indicated, if not fully completed, the file number assumed you were that insured for the accident and your license will be suspended.			
	Name of insurance company and address (do not include your street or county name) PROGRESSIVE CASUALTY INSURANCE CO. SAN FRANCISCO, CA		Progressive Casualty Insurance Co.	
	Policy Number 31156279-8	Policy Period From: 01/04/2007 To: 01/04/2008		
	Date of accident 05/08/2008	City/County of accident San Francisco / San Francisco	Vehicle License Number 53946022	
	Vehicle Year and Make 2007 Mini Covert	Vehicle Identification Number 5G0KRAK11M113611	Vehicle License State Number 1528079	State CA
	Name Shawn Erik Stepper	Address 22 City Limits Circle Emeryville CA 94608		
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**If the policy was not in effect, this form must be completed and returned to the Department within 20 days.**

The undersigned company advises that with respect to the reported accident, the policy reported on the reverse side:

WAS NOT IN EFFECT

Was not a liability policy     Did not cover the vehicle/driver     Number is not a company policy number

Policy Number \_\_\_\_\_ Policy Period from \_\_\_\_\_ to \_\_\_\_\_

Signature \_\_\_\_\_

MAIL TO:  
Department of Motor Vehicles  
Financial Responsibility  
P. O. Box 942684  
Sacramento, CA 94284-0684

Title \_\_\_\_\_

Date \_\_\_\_\_

### IMPORTANT INFORMATION

California law requires traffic accidents on a California street/highway or private property to be reported to the Department of Motor Vehicles (DMV) within 10 days if there was an injury, death or property damage. Untimely reporting could result in DMV suspending a driver license. Accidents occurring on December 31, 2002, or prior must result in damages to any one person/property in excess of \$500, and accidents occurring on January 1, 2003, or after must result in damages in excess of \$750 to be reported. Accidents involving vehicles not required to be registered such as an off-road vehicle (ORV), implement of husbandry, or snowmobile or occurring on a military base or occurring on the driver's own property involving only the personal property of the driver and there was no injury or death are not reportable.

The law requires the driver to file this SR-1 form with DMV regardless of fault. This report must be made in addition to any other report filed with a law enforcement agency, insurance company, or the California Highway Patrol (CHP) as their reports do not satisfy the filing requirement. An insurance agent, attorney, or other designated representative may file the report for the driver.

The law requires every driver and every owner of a motor vehicle to be "financially responsible" for any injury or damage resulting from operating or owning a motor vehicle. The minimum insurance level for "financial responsibility" is public liability and property damage coverage of \$15,000 for injury or death of one person, \$30,000 for injury or death of two or more persons and \$5,000 property damage per accident. Comprehensive and collision insurance does not meet the legal requirement.

§1106 of the California Vehicle Code (CVC) requires the DMV to record accident information regardless of fault when individuals report accidents under the Financial Responsibility Law or if law enforcement agencies or CHP investigate and make a report.

### WHEN COMPLETING THIS FORM...

Please print within the spaces and boxes on this form. If you need to provide additional information on a separate piece of paper(s) or you include a copy of any law enforcement agency report, please check the box to indicate "Additional Information Attached." If you are the passenger reporting the accident, be sure to identify yourself by using the "other" box and stating "passenger" in the explanation.

- Write **ask (for unknown) or none** in any space or box when you do not have information on the other party involved.
- Give insurance information that is complete and which correctly and fully identifies the **company** that issued the policy.
- Place the correct National Association of Insurance Commissioners (NAIC) number for your insurance company in the boxes provided. The NAIC number should be located on your insurance ID card or you can contact your insurance agent or company for the information.
- Identify any person involved in the accident (driver, passenger, bicyclist, pedestrian, etc.) who you saw was injured or complained of bodily injury or knew to be deceased.
- Record in the **OTHER PROPERTY DAMAGED** section any damage to telephone poles, fences, street signs, guard posts, trees, livestock, dogs, etc., meeting the filing requirement, including amount. This may require that you contact the owner of the property for an estimate of damages.
- Once you have completed this report, please mail it to:

DEPARTMENT OF MOTOR VEHICLES  
FINANCIAL RESPONSIBILITY  
MAIL STATION J237  
P.O. BOX 942884  
SACRAMENTO, CA 94284-0884

DMV does not accept reports or take actions against non-reporting or unlicensed motorists unless this SR-1 form is sent to DMV by someone involved in the accident or their designee and the report is received by DMV within one calendar year of the accident date.

### ADVISORY STATEMENT

The accident information on the SR-1 is required under the authority of Divisions 6 and 7 of the California Vehicle Code. Failure to provide the information will result in suspension of the driving privilege. Except as made confidential by law (e.g., medical information) or exempted under the Public Records Act, the information is a public record, is regularly used by law enforcement agencies and insurance companies, and is open to public inspection. §11005 CVC limits the public record for SR-1 reports to accident involvement, but does allow persons with a proper interest (involved drivers, their employers, etc.) to receive specified information. Individuals may inspect or obtain copies of information contained in their records during regular office hours. The Financial Responsibility Section Manager, 2570 24th Street, Sacramento, CA 95818 (telephone number: 916-457-6677) is responsible for maintaining this information.