DR 2100 (11/08/24)

COLORADO DEPARTMENT OF REVENUE

Division of Motor Vehicles

Driver Control Section

P.O. Box 173350

Denver CO 80217-3350

Release From Liability

I (we) release the following person from all claims or liability as a result of the motor vehicle crash shown below. This release satisfies the requirements of the Financial Responsibility Act §42-7-301, C.R.S.

Da	ate of Crash (MM/DD/YYYY)	Name of Person Released from Liability			
Dr	river's License Number	Date of Birth (MM/DD/YYYY)			
Street Address					
Ci	ty	State	ZIP Code		
N	Names of other person(s) involved in this crash having injuries or property damage.				
1.	Name				
	Street Address				
	City	State	ZIP Code		
2.	Name				
	Street Address				
	City	State	ZIP Code		
3.	Name				
	Street Address				
	Citv	State	ZIP Code		

Signatures					
No. 1.		Date (MM/DD/YY)			
No. 2.		Date (MM/DD/YY)			
No. 3.		Date (MM/DD/YY)			
Signature of Parent or Guardian of Minor	Date (MM/DD/YY)				
Notary Seal					
Subscribed and affirmed, or sworn to before me in the					
County of	State of				
this	day of	, 20			
Notary Signature	Signature				

Commission Expiration Date

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