

DAMAGE/SALVAGE DISCLOSURE STATEMENT

North Dakota Department of Transportation, Motor Vehicle
SFN 18609 (1-2018)

MOTOR VEHICLE DIVISION
ND DEPT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0780
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Website: <https://dot.nd.gov>

This form **MUST** be completed by the transferor (seller) for all vehicles less than nine (9) model years old.

This form **MUST** be signed by the transferor (seller), given to and signed by the transferee (buyer), and accompany the application for title.

Year	Make	Model	Style
Vehicle Identification Number (VIN)			Title Number

DAMAGE DISCLOSURE: NDCC 39-05-17.2

Within the past eight (8) years, has this vehicle sustained body or structural damage from a vehicular crash or accident, including loss by fire, vandalism, weather, or submersion in water, resulting in damage to the motor vehicle? *The term does not include body or structural modifications, normal wear and tear, glass damage, hail damage, or items of normal maintenance and repair.*

Yes No

If vehicle has sustained damage please answer the following questions:

(See NDCC 39-05-20.2 and NDAC 37-09-01-02)

Do the damages equal or exceed the greater of \$8,000 or forty percent (40%) of the pre-damage retail value of the motor vehicle as determined by the national automobile dealers association official used car guide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do the damages exceed seventy-five percent (75%) of its retail value? <i>*If you answered yes, please check the box below that best describes your situation:</i>	<input type="checkbox"/> Yes*	<input type="checkbox"/> No		
<input type="checkbox"/> Damage occurred in a single occurrence while I have owned the vehicle.				
<input type="checkbox"/> I acquired the vehicle with unrepaired damage.				
<input type="checkbox"/> Damages occurred prior to my ownership and I acquired it in a repaired condition.				
Explanation of Damage				
Type of Damage (check all that apply)				
<input type="checkbox"/> Collision	<input type="checkbox"/> Weather	<input type="checkbox"/> Theft	<input type="checkbox"/> Interior	
<input type="checkbox"/> Water	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Fire	<input type="checkbox"/> Under Carriage	<input type="checkbox"/> Other

Any person who makes a false statement on this form is guilty of a Class A Misdemeanor.

Name of Transferor (Seller)		Daytime Telephone Number	
Mailing Address	City	State	ZIP Code
Signature of Transferor (Seller)			Date

Legal Name of Transferee (Buyer)		Daytime Telephone Number	
Mailing Address	City	State	ZIP Code
Signature of Transferee (Buyer)			Date