Oregon Traffic Accident and Insurance Report

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SECTION 1</strong></td>
<td>Date, Location and Time — Clearly identify the date, location and time of the accident. The correct date, location and time is critical to processing your report. If you are unsure of the county, contact any local law enforcement agency for assistance.</td>
</tr>
<tr>
<td><strong>SECTION 2</strong></td>
<td>Your Vehicle (# 1) — DMV will consider your accident uninsured if you do not complete all of this section. You must list the insurance company name (not agent) and policy number that provided liability coverage for your operation of the vehicle you were driving at the time of the accident. Note the coverage is for liability insurance, not collision or comprehensive coverage. DMV will verify this information with the insurance company. If the insurance company denies the coverage, DMV will suspend your Oregon driving privileges.</td>
</tr>
<tr>
<td><strong>SECTION 3</strong></td>
<td>Answer all of the questions in Section 3. DMV will use the information provided in these questions to code the accident. It is important for you to understand “principal purpose of driving” and “paid to drive.” These include only persons employed or being paid for the purpose of driving, NOT driving to reach a destination to perform a service. Property includes, but is not limited to, fixed or real property, landscaping, signs, parked vehicles, and animals.</td>
</tr>
<tr>
<td><strong>SECTION 4</strong></td>
<td>Other Vehicle (# 2) — Completion of this information will help DMV match all driver’s accident reports more efficiently. If additional vehicles were involved in the accident, complete attached Supplemental Report (Form 735-32B).</td>
</tr>
<tr>
<td><strong>SECTION 5</strong></td>
<td>Description and Signature — Describe what happened. It is important for you to sign and date the form.</td>
</tr>
</tbody>
</table>

Completing and Filing Report

- Other Side of Form — Complete the other side of the form. Information collected from both sides of this form is used by DMV and other officials in making valuable transportation decisions about the roadway systems and driver safety.

- Your Copy — Under Oregon law ORS 802.220 (5), DMV cannot provide you a copy of your Oregon Traffic Accident and Insurance Report. If you wish to have a complete copy of your report (front and back), you will need to make a copy for your records.

- Receipt — Attached is a PINK courtesy copy of your report. After you have completed both sides of the form, tear the PINK copy off for your records. If you want a receipt, bring the form, with the PINK copy, to a DMV office and have your copy validated. Without a receipt, you will have no proof of submitting a report.

- Mail — Mail the form to Accident Reporting Unit, DMV, 1905 Lana Ave NE, Salem OR 97314 or FAX to (503) 945-5267, or deliver it to any DMV office.

Pursuant to Oregon Insurance Law, an insurance company cannot require repairs be made to a motor vehicle by a particular person or repair shop.
DEFINITION OF “TOTALED” VEHICLE

“Totaled Vehicle” or “Totaled” as defined in Oregon law (ORS 801.527) means:

- A vehicle that is declared a total loss by an insurer who is obligated to cover the loss or a vehicle that the insurer takes possession of or title to.
- A vehicle that has sustained damage that is not covered by an insurer and the estimated cost to repair the vehicle is equal to at least 80% of the retail market value prior to the damage. “Retail market value” is defined as the amount shown in publications used by financial institutions (banks or lenders) in this state.
- A vehicle that is stolen, if it is not recovered within 30 days of theft and the loss is not covered by an insurer. In this situation, you must notify DMV within 60 days of the theft.

FOLLOW THESE INSTRUCTIONS IF YOUR VEHICLE IS TOTALED

If your vehicle is totaled, in addition to completing the accident report, follow the instruction that is applicable to your case. Either:

1. SURRENDER the title to the insurer if the damage is covered by an insurer who declares the vehicle to be a “total loss,” and the insurer takes possession of the vehicle; or
2. SURRENDER the title to DMV and apply for salvage title if the damage is covered by an insurer who declares the vehicle to be a “total loss,” but you keep possession of the vehicle; or
3. SURRENDER the title to DMV and apply for salvage title if the damage was not covered by an insurer and the estimated cost of repair is at least 80% of the retail market value of the vehicle before the damage; or
4. NOTIFY DMV that your vehicle has been totaled if, for some reason, you are unable to obtain the title for surrender. You must provide DMV with a signed statement which includes:
   - A description of the vehicle which includes the year model, make, plate number and vehicle identification number.
   - A statement indicating the vehicle has been totaled.
   - A statement that you are unable to obtain the title and why.

DO NOT SUBMIT THE TITLE WITH THE ACCIDENT REPORT. You can obtain the Application for Salvage Title (Form 735-229) from any DMV office, by calling (503) 945-5000, or on-line at www.oregondmv.com. Application instructions and fee information are on the back of the form 735-229. If you have questions about salvage titles, call (503) 945-5122.

NOTE: It is a Class A misdemeanor with a penalty of imprisonment and/or fine if you fail to comply with the above requirements. (ORS 819.012)
Complete this form ONLY if your accident happened on a highway or premises open to the public, and resulted in any of the following: 1) More than $2500 in damage to your vehicle; 2) More than $2500 in damage to any one person’s property other than a vehicle; 3) Any vehicle has more than $2500 and any vehicle is towed from the scene as a result of damages; 4) Injury to any person (no matter how minor the injury); or, 5) the death of any person.

Complete ALL of this section. If you fail to do so, your driving privileges may be suspended. You MUST list the insurance company (not agent) and policy number that provided liability coverage for the vehicle you were driving.

Check all statements that apply:

☐ Damage to your vehicle was more than $2500.
☐ Damage to any one person’s property (other than vehicle) was more than $2500.
☐ Your vehicle was towed from the scene as a result of damages.
☐ You or passengers in your vehicle were injured.
☐ The accident occurred while you were driving your employer’s vehicle.
☐ You were driving on your job and being paid for the principal purpose of driving.
☐ You were being paid to drive and/or deliver persons or property.
☐ You were operating a government owned vehicle marked for transporting mail in accordance with government rules.
☐ You were operating an authorized emergency vehicle.
☐ You were transporting hazardous material.
☐ The accident occurred in a work or maintenance zone. ORS 811.230
☐ A police officer came to the scene.
☐ Name of police department: __________________________
☐ A citation was issued to you. The citation was: ______________________________________________________

☐ You were operating a commercial motor vehicle requiring you to have a commercial driver license.
☐ You were transporting hazardous material.
☐ The accident occurred in a work or maintenance zone. ORS 811.230
☐ A police officer came to the scene.
☐ Name of police department: __________________________
☐ A citation was issued to you. The citation was: ______________________________________________________

IF ADDITIONAL VEHICLES WERE INVOLVED IN THE ACCIDENT, USE ATTACHED SUPPLEMENTAL REPORT (Form 735-32B).

SECTION 5

I certify all information given on this report is true and accurate to the best of my knowledge.

SIGNATURE OF PERSON MAKING REPORT

PRINTED NAME OF PERSON MAKING REPORT

DAYTIME PHONE #

DATE SIGNED

X

IF NOT DRIVER’S SIGNATURE, STATE RELATIONSHIP

REASON DRIVER IS UNABLE TO SIGN REPORT

PHONE NUMBER OF DRIVER

COMPLETE THE OTHER SIDE OF THIS PAGE

STK# 300009
**SUPPLEMENTAL REPORT**
**OREGON TRAFFIC ACCIDENT**

Supplemental for more than two drivers involved in the crash. 
Attach this form to your OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT.

<table>
<thead>
<tr>
<th>ROAD ON WHICH ACCIDENT OCCURRED (Name of street, road or route)</th>
<th>MILE POST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VEHICLE #3</th>
<th>INSURANCE COMPANY NAME (NOT AGENCY)</th>
<th>POLICY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEHICLE IDENTIFICATION NUMBER</td>
<td>VEHICLE PLATE NUMBER</td>
<td>STATE YEAR MAKE &amp; MODEL</td>
</tr>
<tr>
<td>OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)</td>
<td>DRIVER'S LICENSE NUMBER</td>
<td>STATE DATE OF BIRTH SEX (CIRCLE)</td>
</tr>
<tr>
<td>DRIVER'S ADDRESS</td>
<td>CITY</td>
<td>STATE ZIP CODE</td>
</tr>
<tr>
<td>VEHICLE OWNER'S NAME AND ADDRESS</td>
<td>CITY</td>
<td>STATE ZIP CODE</td>
</tr>
<tr>
<td>☐ SAME</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VEHICLE #4</th>
<th>INSURANCE COMPANY NAME (NOT AGENCY)</th>
<th>POLICY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEHICLE IDENTIFICATION NUMBER</td>
<td>VEHICLE PLATE NUMBER</td>
<td>STATE YEAR MAKE &amp; MODEL</td>
</tr>
<tr>
<td>OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)</td>
<td>DRIVER'S LICENSE NUMBER</td>
<td>STATE DATE OF BIRTH SEX (CIRCLE)</td>
</tr>
<tr>
<td>DRIVER'S ADDRESS</td>
<td>CITY</td>
<td>STATE ZIP CODE</td>
</tr>
<tr>
<td>VEHICLE OWNER'S NAME AND ADDRESS</td>
<td>CITY</td>
<td>STATE ZIP CODE</td>
</tr>
<tr>
<td>☐ SAME</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VEHICLE #5</th>
<th>INSURANCE COMPANY NAME (NOT AGENCY)</th>
<th>POLICY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEHICLE IDENTIFICATION NUMBER</td>
<td>VEHICLE PLATE NUMBER</td>
<td>STATE YEAR MAKE &amp; MODEL</td>
</tr>
<tr>
<td>OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)</td>
<td>DRIVER'S LICENSE NUMBER</td>
<td>STATE DATE OF BIRTH SEX (CIRCLE)</td>
</tr>
<tr>
<td>DRIVER'S ADDRESS</td>
<td>CITY</td>
<td>STATE ZIP CODE</td>
</tr>
<tr>
<td>VEHICLE OWNER'S NAME AND ADDRESS</td>
<td>CITY</td>
<td>STATE ZIP CODE</td>
</tr>
<tr>
<td>☐ SAME</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VEHICLE #6</th>
<th>INSURANCE COMPANY NAME (NOT AGENCY)</th>
<th>POLICY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEHICLE IDENTIFICATION NUMBER</td>
<td>VEHICLE PLATE NUMBER</td>
<td>STATE YEAR MAKE &amp; MODEL</td>
</tr>
<tr>
<td>OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)</td>
<td>DRIVER'S LICENSE NUMBER</td>
<td>STATE DATE OF BIRTH SEX (CIRCLE)</td>
</tr>
<tr>
<td>DRIVER'S ADDRESS</td>
<td>CITY</td>
<td>STATE ZIP CODE</td>
</tr>
<tr>
<td>VEHICLE OWNER'S NAME AND ADDRESS</td>
<td>CITY</td>
<td>STATE ZIP CODE</td>
</tr>
<tr>
<td>☐ SAME</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VEHICLE #7</th>
<th>INSURANCE COMPANY NAME (NOT AGENCY)</th>
<th>POLICY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEHICLE IDENTIFICATION NUMBER</td>
<td>VEHICLE PLATE NUMBER</td>
<td>STATE YEAR MAKE &amp; MODEL</td>
</tr>
<tr>
<td>OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)</td>
<td>DRIVER'S LICENSE NUMBER</td>
<td>STATE DATE OF BIRTH SEX (CIRCLE)</td>
</tr>
<tr>
<td>DRIVER'S ADDRESS</td>
<td>CITY</td>
<td>STATE ZIP CODE</td>
</tr>
<tr>
<td>VEHICLE OWNER'S NAME AND ADDRESS</td>
<td>CITY</td>
<td>STATE ZIP CODE</td>
</tr>
<tr>
<td>☐ SAME</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INSTRUCTIONS: IF YOU CHECKED A BOX UNDER THE QUALIFYING VEHICLE COLUMN AND A BOX UNDER THE CRITERIA COLUMN, COMPLETE THE MOTOR CARRIER CRASH REPORT AND SUBMIT TO THE ADDRESS SHOWN ABOVE. IF YOU HAVE ANY QUESTIONS REGARDING FILLING OUT THE MOTOR CARRIER CRASH REPORT, PLEASE CALL (503) 986-3507.

QUALIFYING VEHICLE
☐ COMMERCIAL TRUCK (GVWR OVER 10,000 LBS OR ACTUAL WT AT TIME OF CRASH EVEN IF GVWR IS SET UNDER 10,000 LBS )
☐ HAZARDOUS MATERIAL PLACARD
☐ COMMERCIAL BUS (DESIGNED FOR 8 OR MORE PASSENGERS)
☐ FARM TRUCK INTERSTATE (OVER 10,000 LBS.)
☐ FARM TRUCK FOR-HIRE (4 OR MORE AXLES)
☐ FARM TRUCK TOWING TRIPLE TRAILERS
☐ FARM TRUCK (OVER 80,000 LBS.)

CRITERIA
☐ ANY PERSON SUSTAINING A FATALITY (WITHIN 30 DAYS OF THE ACCIDENT)
☐ ANY PERSON SUSTAINING INJURIES REQUIRING TREATMENT AWAY FROM THE SCENE
☐ ANY VEHICLE INCURRING DISABLING DAMAGE REQUIRING REMOVAL FROM THE SCENE BY A TOW TRUCK OR ANOTHER MOTOR VEHICLE

MOTOR CARRIER NAME
ADDRESS
CITY
STATE
ZIP CODE

DRIVER INFORMATION
DRIVER NAME (LAST, FIRST, MIDDLE)
DATE OF BIRTH
CDL / DL NUMBER
STATE
EXPIRATION DATE OF MEDICAL CERTIFICATE

COMPLETE THE FOLLOWING TWO QUESTIONS AS IF DOING A RECAP OF HOURS IN TIME DOCUMENTS AT TIME OF THE ACCIDENT.

AT TIME OF THE ACCIDENT, TOTAL HOURS
DRIVING SINCE LAST OFF-DUTY PERIOD

TOTAL HOURS ON DUTY DURING THE PREVIOUS (FILL OUT ONE ONLY, BASED ON TIME DOCUMENTS)

7 CONSECUTIVE DAYS
8 CONSECUTIVE DAYS

DOES YOUR DRIVER HAVE A MEDICAL WAIVER

TYPE OF WAIVER (SIGHT, DIABETES, AMPUTEE, ETC.)

DRIVER INJURY INFORMATION
YOUR DRIVER KILLED
YOUR DRIVER INJURED
RELIEF DRIVER KILLED
RELIEF DRIVER INJURED
TOTAL NUMBER OF PASSENGERS

YES
NO

YES
NO

YES
NO

YES
NO

YES
NO

OTHER DRIVER INJURY INFORMATION
TOTAL NUMBER OF OTHER DRIVERS
TOTAL NUMBER OF OTHER PASSENGERS
TOTAL NUMBER OF PEDESTRIANS
TOTAL NUMBER OF BICYCLISTS

KILLED
INJURED
KILLED
INJURED
KILLED
INJURED
KILLED
INJURED

OTHER MOTOR CARRIER INFORMATION
IF 2 OR MORE MOTOR CARRIERS WERE INVOLVED

MOTOR CARRIER NAME
VEHICLE LICENSE # AND STATE
DRIVER'S NAME
DRIVER'S LICENSE # AND STATE

MOTOR CARRIER VEHICLE INFORMATION
YEAR
MAKE
UNIT NUMBER
TRUCK/TRACTOR/BUS LICENSE PLATE NO. & STATE
TOTAL NO. OF AXLES INCLUDING TRAILERS

VEHICLE TYPE (SELECT APPROPRIATE TYPE)

1
Triples (tractor with 3 trailers)

2
Triples (tractor with 2 trailers)

3
Straight truck-full trailer

4
Doubles (any)

5
Standard Tractor/Semi Trailer

6
Straight Truck

7

8
Saddlemount

9

10

11

Heavy Haul

Bus/Van (8 or more passenger capacity)

Auto/Pickup

735-9229 (3-18) □ COMPLETE REVERSE SIDE
**COMMODITY INFORMATION**

<table>
<thead>
<tr>
<th>COMMODITY BEING TRANSPORTED AT TIME OF CRASH</th>
<th>HAZARD CLASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAS A HAZARDOUS COMMODITY BEING HAULED</td>
<td></td>
</tr>
<tr>
<td>WAS HAZARDOUS MATERIAL RELEASED FROM THE VEHICLE CARGO (NOT A FUEL RELEASE)</td>
<td>YES NO</td>
</tr>
</tbody>
</table>

**CRASH INFORMATION**

<table>
<thead>
<tr>
<th>LOCATION OF CRASH (NEAREST CITY OR TOWN)</th>
<th>HIGHWAY AND MILEPOINT/STREET/COUNTY ROAD</th>
<th>DIRECTION OF YOUR VEHICLE (CIRCLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N S E W</td>
</tr>
<tr>
<td>DATE OF CRASH</td>
<td>TIME</td>
<td>AM PM</td>
</tr>
<tr>
<td></td>
<td>DAY OF THE WEEK (CIRCLE ONE)</td>
<td>MON TUES WED THU FRI SAT SUN</td>
</tr>
</tbody>
</table>

**CONDITIONS AT TIME OF ACCIDENT**

<table>
<thead>
<tr>
<th>WEATHER (CIRCLE ONE)</th>
<th>1. CLEAR 2. RAIN 3. SNOW 4. CLOUDY 5. SLEET 6. FOG 7. OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROAD SURFACE (CIRCLE ONE)</td>
<td>1. DRY 2. WET 3. SNOWY 4. ICY 5. OTHER</td>
</tr>
<tr>
<td>LIGHT CONDITION (CIRCLE ONE)</td>
<td>1. DAY 2. DAWN 3. DUSK 4. ARTIFICIAL LIGHTS 5. DARK 6. OTHER</td>
</tr>
</tbody>
</table>

Describe what happened by checking all boxes that apply. Your vehicle is always No. 1. If other vehicles were involved, complete columns 2 & 3 to correspond to the actions of the same numbered vehicles listed above under "other driver information".

<table>
<thead>
<tr>
<th>VEHICLES 1 2 3</th>
<th>ACTION</th>
<th>VEHICLES 1 2 3</th>
<th>ACTION</th>
<th>VEHICLES 1 2 3</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLOWING - STOPPING</td>
<td>PASSING</td>
<td></td>
<td></td>
<td></td>
<td>JACKKNIFE</td>
</tr>
<tr>
<td>STOPPED</td>
<td></td>
<td>CHANGING LANES</td>
<td></td>
<td>ROLL-AWAY</td>
<td>CARGO SPILL (HAZARDOUS)</td>
</tr>
<tr>
<td>REAR-END</td>
<td></td>
<td>SIDESWIPE</td>
<td></td>
<td>CONTROLLED RR CROSSING</td>
<td>CARGO SPILL (NON-HAZARDOUS)</td>
</tr>
<tr>
<td>BACKING</td>
<td></td>
<td>HEAD-ON</td>
<td></td>
<td>UNCONTROLLED RR CROSSING</td>
<td>OTHER (DEER, GUARDRAIL, ETC)</td>
</tr>
<tr>
<td>MAKING RIGHT TURN</td>
<td></td>
<td>SKIDDING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAKING LEFT TURN</td>
<td></td>
<td>VEHICLE OUT OF CONTROL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAKING U TURN</td>
<td></td>
<td>ROLL-AWAY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROCEEDING STRAIGHT</td>
<td></td>
<td>CONTROLLED RR CROSSING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTERSECTION</td>
<td></td>
<td>UNCONTROLLED RR CROSSING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENTERING TRAFFIC (FROM SHOULDER, MEDIAN, PARKING STRIP OR PRIVATE DRIVE)</td>
<td>RAN OFF ROAD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DID YOUR VEHICLE STRIKE A PARKED VEHICLE | YES NO |
WAS YOUR PARKED VEHICLE STRUCK BY ANOTHER VEHICLE | YES NO |

**DESCRIPTION OF ACCIDENT BY CARRIER OFFICIAL**

NAME AND TITLE OF PERSON SIGNING REPORT | TELEPHONE NUMBER(S) |
SIGNATURE | I CERTIFY THE INFORMATION PROVIDED IS TRUE AND ACCURATE | DATE |