

ATTENTION STATE EMPLOYEE

If you are involved in an auto crash, please give this card to the other party. Be sure to exchange required information including driver's license, e-plate, names, addresses, phone numbers, and insurance information.

Notify your agency and/or manager and follow your agency policies.



Risk Management

PO Box 12009, Salem, OR 97309-0009

(503) 373-7475, Fax: (503) 373-7337

risk.management@oregon.gov

oregon.gov/das/risk/Pages/Index.aspx

INFORMATION FOR THOSE INVOLVED IN AN AUTO CRASH WITH A STATE VEHICLE

- If you feel the state has caused you damage, you need to file a claim with the State's insurance provider.
- Download and complete a claim form (go to oregon.gov/DAS/EGS/Risk/docs/FormVehAccClaim.pdf), or call Risk Management to get a copy.
- On the form, include your contact and mailing information. Describe what happened, when and where. Include the highway number, nearest cross street, town, and the mile post. Please include the state agency name, employee name or vehicle e-plate number, if known.



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