



## Instructor Report - Driver Education Vehicle Serious Crash Form ODOT Transportation Safety Division (TSD) – Driver Education Program

This form is to be completed by the instructor when a crash involving a driver education program vehicle results in **serious injury or death**, including injuries/death to anyone outside the driver education vehicle.

- 1 As soon as possible, call the ODOT/TSD Program Manager to report the crash: 503 986-4413 during regular office hours or 971 301-9117 after hours or on weekends.
- 2 Within three days of the crash, submit a copy of this completed form to the ODOT/TSD Program Manager at FAX: 503 986-3143. ***\*You will still need to submit a copy of the DMV Crash Report.***

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Date/time of crash: \_\_\_\_\_

Location of crash: \_\_\_\_\_

Driver name: \_\_\_\_\_ License number: \_\_\_\_\_ Injuries: \_\_\_\_\_

Instructor name: \_\_\_\_\_ License number: \_\_\_\_\_ Injuries: \_\_\_\_\_

Other passenger's name: \_\_\_\_\_ License number: \_\_\_\_\_ Injuries: \_\_\_\_\_

Other passenger's name: \_\_\_\_\_ License number: \_\_\_\_\_ Injuries: \_\_\_\_\_

Other passenger's name: \_\_\_\_\_ License number: \_\_\_\_\_ Injuries: \_\_\_\_\_

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**Instructor Report - Driver Education Vehicle Serious Crash Form Continued...**

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Other vehicle(s) involved:

License plate number(s): \_\_\_\_\_

Driver name: \_\_\_\_\_ License number: \_\_\_\_\_ Injuries: \_\_\_\_\_

Driver name: \_\_\_\_\_ License number: \_\_\_\_\_ Injuries: \_\_\_\_\_

Driver name: \_\_\_\_\_ License number: \_\_\_\_\_ Injuries: \_\_\_\_\_

Driver education program name (school name): \_\_\_\_\_

Your supervisor's name (Mr/Ms): \_\_\_\_\_

Describe what happened: \_\_\_\_\_

\_\_\_\_\_

Contributing factors: \_\_\_\_\_

\_\_\_\_\_

Responding agencies (police, ambulance, etc): \_\_\_\_\_