

## NON Driver Incident Form

This form is for Non-Driver incidents such as Vandalism, Stolen, Damage while parked. Contact your Supervisor and Motor Pool / DAS Fleet representative to provide description of damage to state vehicle. The State of Oregon is self-insured under Certificate of Insurance # 24.

<b>STATE VEHICLE</b>		<b>OTHER VEHICLE</b> OBTAIN DATA FROM DRIVER'S LICENSE AND REGISTRATION	
CONTACT NAME:	WORK PHONE #:	DRIVER'S NAME:	PHONE #:
AGENCY / DEPT:	AGENCY #:	ADDRESS:	
LICENSE PLATE #:	MAKE OF VEHICLE:	DRIVER'S LICENSE # / STATE:	MAKE OF VEHICLE:
DATE OF INCIDENT:	SUPERVISOR:	CAR / TRUCK	STATE:
LOCATION OF INCIDENT, STREET, INTERSECTION, CITY:		SEMI / RV	
		MOTORCYCLE	
ESTIMATED DAMAGE TO STATE VEHICLE:		ESTIMATED DAMAGE TO VEHICLE:	
<b>PASSENGERS IN YOUR VEHICLE:</b>		INSURANCE COMPANY:	
NAME:	PHONE #:	POLICY #:	
ADDRESS:		INJURIES, IF ANY:	
INJURIES, IF ANY:		<b>PASSENGERS IN OTHER VEHICLE:</b>	
NAME:	PHONE #:	NAME:	PHONE #:
ADDRESS:		ADDRESS:	
INJURIES, IF ANY:		INJURIES, IF ANY:	
NAME:	PHONE #:	NAME:	PHONE #:
<b>EXPLAIN HOW INCIDENT OCCURRED:</b>		ADDRESS:	
		INJURIES, IF ANY:	
		ORS 811.700 REQUIRES DRIVER'S INVOLVED IN AN ACCIDENT TO EXCHANGE INFORMATION.	