



Risk Management | EGS
 PO Box 12009,
 Salem, OR 97309-0009
 503-373-7475
 503-373-7337 fax

E-mail: risk.management@oregon.gov

Website: [State of Oregon: Risk Management](http://www.oregon.gov/State_of_Oregon/Risk_Management)

Form Web address: <http://www.oregon.gov/DAS/EGS/Risk/docs/formcitcomp.pdf>

CITIZEN VEHICLE REPORT FORM

Fill out each line as completely as possible.

Date of Incident: _____ State License Plate Number: _____

Location of Incident: _____ Time of Incident: _____

City/State: _____

Street(s): _____

Direction of travel: _____

Describe Incident. Please be specific:

Description of Vehicle: Make: _____ Model: _____ Color: _____

Description of Driver: _____

Description of Passengers: _____

Would you like a response from Risk Management? Yes No

*If your answer is **YES**, please complete the information below. If you do not provide contact information or it is incomplete, you will not receive a response from us.*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone (W H): _____ Other (W H): _____

Email Address: _____

Official Use Only

Risk Management claim #: _____ Date Received _____

Agency Name: _____ Agency Number _____

Assigned Driver: _____ Actual Driver: _____