



Auto Crash Witness Card

State Driver's Name _____

Agency _____

Work Phone _____

Under Oregon revised statute 811.715 as a witness of a traffic accident, you are obligated to provide your name and address.

Location _____

Date _____ Time _____

Did you see the crash happen? Yes ___ No ___

Brief Description of Accident _____

Name _____

Address _____

City & State _____

Phone Number _____

Email _____

Return card to state vehicle driver, send by mail or email Risk.Management@das.oregon.gov. Thank you!



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