



# Accident Information Exchange Checklist

Print and carry this form in your motor vehicle.



**Drivers involved in an accident resulting in any of the following MUST file an *Accident & Insurance Report*:**

- Damage to your vehicle is over \$2500
- Injury (No matter how minor)
- Death
- Damage to any one person's property over \$2500
- Any vehicle has damage over \$2500 and any vehicle is towed from the scene as a result of damages

Oregon law requires filing an accident report within 72 hours of a reportable motor vehicle accident.

You can download an accident report from DMV's Website at:

<https://www.oregon.gov/odot/DMV/pages/driverid/accidentreport.aspx>

When an accident meets the criteria that results in the requirement to file a report, even if law enforcement files a report, each driver involved in the accident must file a report. Failure to file a report results in DMV issuing Notice of Suspension.

### ***Other Driver Information:***

Name \_\_\_\_\_ Driver License No. \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Insurance Co. Name \_\_\_\_\_ Policy No. \_\_\_\_\_

License Plate No. \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Vin No. \_\_\_\_\_

Vehicle Owner's Name \_\_\_\_\_  
(If different than driver)

Address \_\_\_\_\_

### ***Passenger Information:***

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

### ***Witness Information:***

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_