



# INSTRUCTOR REPORT – VEHICLE SERIOUS CRASH FORM

Oregon Department of Transportation  
Driver and Motor Vehicle Services – 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 DMV TSO Driver Education Program at (503.580.8112 or 971.283.1030) to report the crash.
2. Within three days of the crash, submit a copy of this completed form to the ODOT DMV TSO Driver Education Program at [ODOTDEMail@odot.oregon.gov](mailto:ODOTDEMail@odot.oregon.gov). You will also need to submit a copy of the DMV Crash Report.

Date / Time of Crash: \_\_\_\_\_

Location of Crash: \_\_\_\_\_

Driver Name: \_\_\_\_\_ License No: \_\_\_\_\_ Injuries: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_ License No: \_\_\_\_\_ Injuries: \_\_\_\_\_

Passenger's Name: \_\_\_\_\_ License No: \_\_\_\_\_ Injuries: \_\_\_\_\_

Passenger's Name: \_\_\_\_\_ License No: \_\_\_\_\_ Injuries: \_\_\_\_\_

Passenger's Name: \_\_\_\_\_ License No: \_\_\_\_\_ Injuries: \_\_\_\_\_

Other vehicle(s) involved: \_\_\_\_\_

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

Driver Name: \_\_\_\_\_ License No: \_\_\_\_\_ Injuries: \_\_\_\_\_

Driver Name: \_\_\_\_\_ License No: \_\_\_\_\_ Injuries: \_\_\_\_\_

Driver Name: \_\_\_\_\_ License No: \_\_\_\_\_ Injuries: \_\_\_\_\_

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

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

Describe what happened:

Contributing factors:

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

\_\_\_\_\_

\_\_\_\_\_