Hope this helps, let me know if you need any further assistance.
DEFINITIONS AND INSTRUCTIONS FOR TOTALED VEHICLES

IF YOUR ACCIDENT HAS RESULTED IN A “TOTALED” VEHICLE, YOU ARE REQUIRED BY LAW TO FOLLOW APPROPRIATE INSTRUCTIONS IN THIS NOTICE.

DEFINITION OF “TOTALED” VEHICLE

“Totaled Vehicle” or “Totaled” as defined in Oregon law (ORS 801.527) means:

• A vehicle that is declared a total loss by an insurer who is obligated to cover the loss or a vehicle that the insurer takes possession of or title to.

• A vehicle that has sustained damage that is not covered by an insurer and the estimated cost to repair the vehicle is equal to at least 80% of the retail market value prior to the damage. “Retail market value” is defined as the amount shown in publications used by financial institutions (banks or lenders) in this state.

• A vehicle that is stolen, if it is not recovered within 30 days of theft and the loss is not covered by an insurer. In this situation, you must notify DMV within 60 days of the theft.

FOLLOW THESE INSTRUCTIONS IF YOUR VEHICLE IS TOTALED

If your vehicle is totaled, in addition to completing the accident report, follow the instruction that is applicable to your case. Either:

1. SURRENDER the title to the insurer if the damage is covered by an insurer who declares the vehicle to be a “total loss,” and the insurer takes possession of the vehicle; or

2. SURRENDER the title to DMV and apply for salvage title if the damage is covered by an insurer who declares the vehicle to be a “total loss,” but you keep possession of the vehicle; or

3. SURRENDER the title to DMV and apply for salvage title if the damage was not covered by an insurer and the estimated cost to repair the vehicle is equal to at least 80% of the retail market value prior to the damage; or

4. NOTIFY DMV that your vehicle has been totaled if, for some reason, you are unable to obtain the title for surrender. You must provide DMV with a signed statement which includes:
   • A description of the vehicle which includes the year model, make, plate number and vehicle identification number.
   • A statement indicating the vehicle has been totaled.
   • A statement that you are unable to obtain the title and why.

DO NOT SUBMIT THE TITLE WITH THE ACCIDENT REPORT. You can obtain the Application for Salvage Title (Form 735-229) from any DMV office, by calling (503) 945-5000, or on-line at www.oregondmv.com. Application instructions and fee information are on the back of the form 735-229. If you have questions about salvage titles, call (503) 945-5122.

NOTE: It is a Class A misdemeanor with a penalty of imprisonment and/or fine if you fail to comply with the above requirements. (ORS 819.012)
Complete this form ONLY if your accident happened on a highway or premises open to the public, and resulted in any of the following: 1) More than $2500 in damage to your vehicle; 2) More than $2500 in damage to any one person’s property other than a vehicle; 3) Any vehicle has more than $2500 and any vehicle is towed from the scene as a result of damages; 4) Injury to any person (no matter how minor the injury); or, 5) the death of any person.

Check all statements that apply:

☐ Damage to your vehicle was more than $2500.
☐ Damage to any one person’s property (other than vehicle) was more than $2500.
☐ Your vehicle was towed from the scene as a result of damages.
☐ You or passengers in your vehicle were injured.
☐ The accident occurred while you were driving your employer’s vehicle.
☐ You were driving on your job and being paid for the principal purpose of driving.
☐ You were being paid to drive and/or deliver persons or property.
☐ You were operating a government owned vehicle marked for transporting mail in accordance with government rules.
☐ You were operating an authorized emergency vehicle.
☐ You were transporting hazardous material.
☐ The accident occurred in a work or maintenance zone. ORS 811.230
☐ A police officer came to the scene.

Complete ALL of this section. If you fail to do so, your driving privileges may be suspended. You MUST list the insurance company (not agent) and policy number that provided liability coverage for the vehicle you were driving.

I certify all information given on this report is true and accurate to the best of my knowledge.

SIGNATURE OF PERSON MAKING REPORT (SEE SECTION 5)

PRINTED NAME OF PERSON MAKING REPORT

DAYTIME PHONE #

DATE SIGNED

IF NOT DRIVER’S SIGNATURE, STATE RELATIONSHIP

REASON DRIVER IS UNABLE TO SIGN REPORT

PHONE NUMBER OF DRIVER

COMPLETE THE OTHER SIDE OF THIS PAGE
## Supplemental Report

**OREGON TRAFFIC ACCIDENT**

Attach this form to your *OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT.*

**ACCIDENT DATE**

**DAY OF WEEK**

**TIME OF DAY**

**COUNTY**

**DO NOT WRITE IN THIS SPACE**

**ROAD ON WHICH ACCIDENT OCCURRED** (Name of street, road or route)

**MILE POST**

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### VEHICLE #3

**INSURANCE COMPANY NAME (NOT AGENCY)**

**VEHICLE IDENTIFICATION NUMBER**

**VEHICLE PLATE NUMBER**

**STATE**

**YEAR**

**MAKE & MODEL**

**OTHER DRIVER’S FULL NAME (LAST, FIRST, MIDDLE)**

**DRIVER’S LICENSE NUMBER**

**STATE**

**DATE OF BIRTH**

**SEX (CIRCLE)**

**M**

**F**

**X**

**DRIVER’S ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**VEHICLE OWNER’S NAME AND ADDRESS**

**SAME**

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### VEHICLE #4

**INSURANCE COMPANY NAME (NOT AGENCY)**

**VEHICLE IDENTIFICATION NUMBER**

**VEHICLE PLATE NUMBER**

**STATE**

**YEAR**

**MAKE & MODEL**

**OTHER DRIVER’S FULL NAME (LAST, FIRST, MIDDLE)**

**DRIVER’S LICENSE NUMBER**

**STATE**

**DATE OF BIRTH**

**SEX (CIRCLE)**

**M**

**F**

**X**

**DRIVER’S ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**VEHICLE OWNER’S NAME AND ADDRESS**

**SAME**

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### VEHICLE #5

**INSURANCE COMPANY NAME (NOT AGENCY)**

**VEHICLE IDENTIFICATION NUMBER**

**VEHICLE PLATE NUMBER**

**STATE**

**YEAR**

**MAKE & MODEL**

**OTHER DRIVER’S FULL NAME (LAST, FIRST, MIDDLE)**

**DRIVER’S LICENSE NUMBER**

**STATE**

**DATE OF BIRTH**

**SEX (CIRCLE)**

**M**

**F**

**X**

**DRIVER’S ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**VEHICLE OWNER’S NAME AND ADDRESS**

**SAME**

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### VEHICLE #6

**INSURANCE COMPANY NAME (NOT AGENCY)**

**VEHICLE IDENTIFICATION NUMBER**

**VEHICLE PLATE NUMBER**

**STATE**

**YEAR**

**MAKE & MODEL**

**OTHER DRIVER’S FULL NAME (LAST, FIRST, MIDDLE)**

**DRIVER’S LICENSE NUMBER**

**STATE**

**DATE OF BIRTH**

**SEX (CIRCLE)**

**M**

**F**

**X**

**DRIVER’S ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**VEHICLE OWNER’S NAME AND ADDRESS**

**SAME**

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### VEHICLE #7

**INSURANCE COMPANY NAME (NOT AGENCY)**

**VEHICLE IDENTIFICATION NUMBER**

**VEHICLE PLATE NUMBER**

**STATE**

**YEAR**

**MAKE & MODEL**

**OTHER DRIVER’S FULL NAME (LAST, FIRST, MIDDLE)**

**DRIVER’S LICENSE NUMBER**

**STATE**

**DATE OF BIRTH**

**SEX (CIRCLE)**

**M**

**F**

**X**

**DRIVER’S ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**VEHICLE OWNER’S NAME AND ADDRESS**

**SAME**

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**TIME OF DAY**

**AM**

**PM**

**COUNTY**

**ACCIDENT DATE**

**M**

**T**

**W**

**TH**

**F**

**S**

**S N**

**DAY OF WEEK**

**DATE OF BIRTH**

**SEX (CIRCLE)**

**M**

**F**

**X**
MOTOR CARRIER CRASH REPORT

QUALIFYING VEHICLE
- Commercial Truck (GVWR over 10,000 lbs or actual wt at time of crash even if GVWR is set under 10,000 lbs)
- Hazardous Material Placard
- Commercial Bus (designed for 8 or more passengers)
- Farm Truck Interstate (over 10,000 lbs)
- Farm Truck For-Hire (4 or more axles)
- Farm Truck Towing Triple Trailers
- Farm Truck (Over 80,000 lbs)

CRITERIA
- Any person sustaining a fatality (within 30 days of the accident)
- Any person sustaining injuries requiring treatment away from the scene
- Any vehicle incurring disabling damage requiring removal from the scene by a tow truck or another motor vehicle

DRIVER INFORMATION
- Driver Name (Last, First, Middle)
- Date of Birth
- CDL/DL Number
- State
- Expiration Date of Medical Certificate

COMPLETE THE FOLLOWING TWO QUESTIONS AS IF DOING A RECAP OF HOURS IN TIME DOCUMENTS AT TIME OF THE ACCIDENT.

AT TIME OF THE ACCIDENT, TOTAL HOURS (FILL OUT ONE ONLY, BASED ON TIME DOCUMENTS)
- 7 Consecutive Days: ____________
- 8 Consecutive Days: ____________

COMPLETE REVERSE SIDE
DESCRIPTION OF ACCIDENT BY CARRIER OFFICIAL

DID YOUR VEHICLE STRIKE A PARKED VEHICLE

WAS YOUR PARKED VEHICLE STRUCK BY ANOTHER VEHICLE

COMMODITY INFORMATION

COMMODITY BEING TRANSPORTED AT TIME OF CRASH

WAS A HAZARDOUS COMMODITY BEING HAULED

WAS HAZARDOUS MATERIAL RELEASED FROM THE VEHICLE CARGO (NOT A FUEL RELEASE)

HAZARD CLASS

CRASH INFORMATION

LOCATION OF CRASH (NEAREST CITY OR TOWN)

HIGHWAY AND MILEPOINT/STREET/COUNTY ROAD

DIRECTION OF YOUR VEHICLE (CIRCLE)

DATE OF CRASH

TIME

AM PM

DAY OF THE WEEK (CIRCLE one)

N S E W

CONDITIONS AT TIME OF ACCIDENT

WEATHER (CIRCLE ONE)

ROAD SURFACE (CIRCLE ONE)

LIGHT CONDITION (CIRCLE ONE)

1. CLEAR  2. RAIN  3. SNOW  4. CLOUDY  5. SLEET  6. FOG  7. OTHER

1. DRY  2. WET  3. SNOWY  4. ICY  5. OTHER

1. DAY  2. DAWN  3. DUSK  4. ARTIFICIAL LIGHTS  5. DARK  6. OTHER

DESCRIBE WHAT HAPPENED BY CHECKING ALL BOXES THAT APPLY. YOUR VEHICLE IS ALWAYS NO.1. IF OTHER VEHICLES WERE INVOLVED, COMPLETE COLUMNS 2 & 3 TO CORRESPOND TO THE ACTIONS OF THE SAME NUMBERED VEHICLES LISTED ABOVE UNDER "OTHER DRIVER INFORMATION".

VEHICLES 1 2 3 ACTION VEHICLES 1 2 3 ACTION VEHICLES 1 2 3 ACTION

SLOWING - STOPPING  PASSING  JACKKNIFE

STOPPED  CHANGING LANES  OVERTURN

REAR-END  SIDESWIPE  SEPARATION OF UNITS

BACKING  HEAD-ON  FIRE

MAKING RIGHT TURN  SKIDDING  EXPLOSION

MAKING LEFT TURN  VEHICLE OUT OF CONTROL  CARGO SHIFT

MAKING U TURN  ROLL-AWAY  CARGO SPILL (HAZARDOUS)

PROCEEDING STRAIGHT  CONTROLLED RR CROSSING  CARGO SPILL (NON-HAZARDOUS)

INTERSECTION  UNCONTROLLED RR CROSSING  OTHER (DEER, GUARDRAIL, ETC)

ENTERING TRAFFIC (FROM SHOULDER, MEDIAN, PARKING STRIP OR PRIVATE DRIVE)  RAN OFF ROAD

DID YOUR VEHICLE STRIKE A PARKED VEHICLE

WAS YOUR PARKED VEHICLE STRUCK BY ANOTHER VEHICLE

DESCRIPTION OF ACCIDENT BY CARRIER OFFICIAL

NAME AND TITLE OF PERSON SIGNING REPORT

TELEPHONE NUMBER(S)

SIGNATURE  I CERTIFY THE INFORMATION PROVIDED IS TRUE AND ACCURATE

DATE