

**AGENCY VEHICLE CRASH SHEET**

* For **EMERGENCIES,** call **911.**
* For all State or Agency owned or rented vehicles on state business, **CALL** Engine Program Coordinator on (971) 372-1244
* If a crash occurs between **8 am to 5 pm,** Monday through Friday**, CALL** Engine Program Coordinator on (971) 372-1244 and your Manager.
* If the crash occurs after hours and/or on holidays, **CALL** the Business Services Director on (971) 372-1635.

**First Response:**

* Stop as safely as possible without obstructing traffic.
* Place emergency warning devices (flags) if available.
* For death or injury to person(s), call 911 and notify the Business Services Director on (971) 372-1635.
* In case of obvious hazardous, flammable, or combustible spills CALL 911.

**At the Scene of the Vehicle Crash:**

* Complete this sheet, front and back, with as much information as possible.
* Contact the **Engine Program Coordinator** and your **Manager** to notify them of the occurrence.
* Provide statements to the law enforcement office, your supervisor, and the Engine Program Coordinator.

**Do not provide a statement or admit fault to any other entity/person.**

**AGENCY DRIVER**

**TO BE COMPLETED AT THE SCENE**

|  |  |
| --- | --- |
| DRIVER`S NAME: | WORK PHONE: |
| AGENCY: | DRIVER`S LICENSE: |
| MAKE OF VEHICLE: | FLEET COORDINATOR: |
| LICENSE PLATE: | SUPERVISOR: |
| DATE: | TIME: |
| LOCATION OF ACCIDENT, STREET INTERSECTION, CITY: |
| YOUR INJURIES, IF ANY: |

**PASSENGER IN DRIVER`S VEHICLE**

|  |  |
| --- | --- |
| NAME: | PHONE: |
| ADDRESS |
| INJURIES, IF ANY |
| NAME: | PHONE: |
| ADDRESS: |
| INJURIES IF ANY |

**DRIVER OF OTHER VEHICLE**

**OBTAIN DATA FROM DRIVER`S LICENSE AND REGISTRATION**

|  |  |
| --- | --- |
| DRIVER`S NAME: | PHONE: |
| ADDRESS: |  |
| MAKE OF VEHICLE: | DRIVER`S LICENSE/STATE |
| CAR/TRUCK SEMI/RVMOTORCYCLE | STATE |
| LICENSE PLATE: | YEAR OF VEHICLE |
| ESTIMATED DAMAGE TO VEHICLE |  |
| INSURANCE COMPANY |  |
| POLICY |  |
| INJURIES IF ANY |  |

**PASSENGERS IN OTHER VEHICLE**

|  |  |
| --- | --- |
| NAME: | PHONE: |
| ADDRESS: |  |
| INJURIES, IF ANY |  |
| NAME: | PHONE: |
| ADDRESS: |  |
| INJURIES IF ANY: |  |

**ORS 811.700 REQUIRES DRIVERS INVOLVED IN AN ACCIDENT TO EXCHANGE INFORMATION. THE AGENCY NOTIFIES DAS RISK MANAGEMENT OF ANY CLAIM. THE VICTIM MAY FILE A CLAIM DIRECTLY WITH DAS.**

**CONTACT INFORMATION: (971) 209-0829 | Risk.Management@osfm.oregon.gov**

**PROPERTY DAMAGE**

|  |  |
| --- | --- |
| PROPERTY OWNER |  |
| PROPERTY OWNER`S ADDRESS |  |
| PROPERTY ADDRESS |  |
| NATURE OF DAMAGE |  |

**EXPLAIN HOW THE ACCIDENT OCCURRED**

|  |
| --- |
|  |

 **WITNESS**

|  |  |
| --- | --- |
| NAME |  |
| PHONE/EMAIL |  |
| DATE AND TIME CRASH OBSERVED |  |
|  |
| NAME |  |
| PHONE/EMAIL |  |
| DATE AND TIME CRASH OBSERVED |  |
|  |  |

**VEHICLE ACCIDENT CARD**

**ATTENTION AGENCY EMPLOYEE**

If you are involved in an auto crash, please give this card to the other party. Be sure to exchange required information, including driver's license, e-plate, names, addresses, phone numbers, and insurance information. Notify the Engine Program Coordinator.

**INFORMATION FOR THOSE INVOLVED IN AN AUTO CRASH WITH AN AGENCY/STATE VEHICLE**

* If you feel the agency has caused you damage, you must file a claim with the State's insurance provider.
* Download and complete a claim form (go to [oregon.gov/DAS/EGS/Risk/docs/FormVehAccClaim.pdf](https://www.oregon.gov/DAS/Risk/Pages/index.aspx)), or call OSFM or email Risk.Management@osfm.oregon.gov to get a copy.
* On the form, include your contact and mailing information. Describe what happened, when, and where. Include the highway number, nearest cross street, town, and the milepost. Please include the state agency name, employee name, or vehicle e-plate number, if known.