STATE FIRE MARCH AND STATE FOR THE STATE FIRE MARCH AND STATE FOR THE ST	DEPARTMENT OF THE STATE FIRE MARSHAL EMERGENCY RESPONSE SERVICES DIVISION STANDARD OPERATING GUIDELINE	Revised: Adopted: 07/11/25
Subject:	Damage Reporting Requirements - Engine Program	Number: EP-4
Approved by:	Mariah Rawlins	Date: 07/11/2025

PURPOSE:

This Standard Operating Guideline (SOG) is adopted to provide a standard for performing the necessary actions when damage occurs to an Oregon Department of the State Fire Marshal (OSFM)-owned apparatus.

SCOPE:

This SOG applies to all Engine Program recipient agencies.

OVERVIEW:

All damage involving an OSFM-owned apparatus must be reported to OSFM, and the damage is the financial responsibility of the recipient agencies. Each OSFM-owned apparatus shall have a crash packet (Appendix A) in the apparatus.

Failure to follow this procedure may result in the termination of the Intergovernmental Agreement (IGA).

DEFINITIONS:

- 1. **Damage** Any harm or injury sustained to property, a vehicle's structure, components, or to a person's physical well-being where an OSFM-owned apparatus is involved.
- 2. **Minor Damage** Damage that occurs only to the OSFM-owned apparatus, where no other person or property is involved. Example: Broken mirror, dents, scratches, broken windshield, etc.
- Major Damage Damage that causes an OSFM-owned apparatus to be out of service and/or involves another person or property. Example: Motor vehicle accident, damage to another person's property, bodily injury, media attention, etc.

PROCEDURE:

Recipient agencies must complete the following steps anytime damage involving an OSFM-owned apparatus occurs. OSFM shall be notified even if damage is repaired in house or on scene.

- 1. Follow your agency's process and notify the OSFM Engine Program Coordinator at (971) 372-1244.
 - a. Minor Damage:
 - i. Notify OSFM within 3 days.

b. **Major Damage:**

- i. Notify OSFM as soon as possible but no later than 24 hours.
- 2. Within three (3) days of the damage/loss taking place or being discovered, the recipient agencies will email a memo and crash packet to engineprogram@osfm.oregon.gov.
 - a. The memo must be on department letterhead with a narrative that describes the event(s) which led up to the incident, as well as during, and after the incident. This includes dates, times, and steps taken immediately after.
 - b. The crash packet includes a checklist, vehicle crash sheet, and witness card. This packet is located in the apparatus, and on the OSFM Engine Program web page.
 - c. Recipient agencies will submit a police report if a crime is believed to have occurred, or if one is completed by law enforcement.
 - d. You must submit a collision report to DMV within 72 hours if the collision results in any of the following:
 - i. Injury or death to any person
 - ii. Damage over \$2,500 to the vehicle you were driving (even if your vehicle was the only one in the collision)
 - iii. Damage over \$2,500 to property other than a vehicle involved in the collision
 - iv. Damage over \$2,500 to any vehicle AND any vehicle is towed from the scene because of damage from the collision.
 - e. If a DMV collision report is completed, notify OSFM of the date and time filed with DMV.
- 3. Within ten (10) days from when the damage occurred, the recipient agencies will compile all the completed documentation as a report and email it to engineprogram@osfm.oregon.gov.
 - a. The report will include a complete memo, police report (if applicable), and photographs from all four sides of the apparatus, in addition to detailed photographs of the damage. These should be daylight photographs only.
 - i. The memo shall also include steps taken to prevent subsequent losses or damages.
 - b. The memo will be reviewed and signed by the recipient agency's Fire Chief.
- 4. OSFM may request further information depending on the type of damage.

APPENDIX A



VEHICLE CRASH WITNESS CARD

Agency Driver's Name	Work Phone
Work email	
Under ORS 811.715, as a witness to a traffic a	ccident, you must provide your name and address.
Location	
Date Time	
Date Time Did you see the crash happen? Yes No	
Brief Description of Accident	
Witness Name	
Address	
City & State	
Phone Number	
Email	

Email this card to engineprogram@osfm.oregon.gov



VEHICLE CRASH/DAMAGE SHEET

ı	If damage involving an OSFM-owned apparatus occurs, follow your agency process
•	and notify the OSFM Engine Program Coordinator at (971) 372-1244.

- Minor Damage Notify OSFM within 3 days.
- Major Damage Notify OSFM as soon as possible but no later than 24 hours.

At the Scene of the Vehicle Crash:

Complete this sheet, front and back, with as much information as possible.
Follow your agency process and contact the OSFM Engine Program Coordinator to notify them of the occurrence.
Provide statements to law enforcement and the OSFM Engine Program Coordinator.
Email completed sheet to engineprogram@osfm.oregon.gov .

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

DEFINITIONS:

- Damage Any harm or injury sustained to property, a vehicle's structure, components, or to a person's physical well-being where an OSFM-owned apparatus is involved.
- Minor Damage Damage that occurs only to the OSFM-owned apparatus, where no other person or property is involved. Example: Broken mirror, dents, scratches, broken windshield, etc.
- Major Damage -Damage that causes an OSFM-owned apparatus to be out of service and/or involves another person or property. Example: Motor vehicle accident, damage to another person's property, bodily injury, media attention, etc.

AGENCY DRIVER TO BE COMPLETED AT THE SCENE

DRIVER`S NAME:	WORK PHONE:	
AGENCY:	SUPERVISOR:	
MAKE & MODEL OF VEHICLE:		
DATE:	TIME:	
LOCATION OF ACCIDENT, STREET INTERSECT	TON, 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:	PHONE.	
YEAR OF VEHICLE:		
MAKE & MODEL OF VEHICLE:		
INSURANCE COMPANY:		
POLICY NUMBER:		
INJURIES IF ANY:		
PASSENGERS IN OTHER VEHICLE		
NAME:	PHONE:	
ADDRESS:		
INJURIES, IF ANY:		
NAME:	PHONE:	
ADDRESS:		
INJURIES IF ANY:		
ORS 811.700 REQUIRES DRIVERS INVO	LVED IN AN ACCIDENT TO EXCHANGE	
INFORMATION.		

PROPERTY DAMAGE

PROPERTY OWNER:				
PROPERTY OWNER'S ADDRESS:				
PROPERTY ADDRESS:				
NATURE OF DAMAGE:				
EXPLAIN	HOW THE A	ACCIDENT OCC	JRRED	
w	ITNESS			
NAME:				
PHONE/EMAIL:				
DATE AND TIME CRASH OBSERVE	D:			
NAME:				
PHONE/EMAIL:				
DATE AND TIME CRASH OBSERVE	D:			



	Contact the OSFM Engine Program Coordinator at (971) 372-1244 to report an accident.
	Complete the Vehicle Crash Packet.
	Complete a memo.
	Submit a police report if a crime is believed to have occurred.
	Take photos of all vehicle damage, property damage, and the accident scene.
	Secure witness information - if available.
	Reference your agency Certificate of Coverage for Insurance.
	must submit a collision report to DMV within 72 hours if the collision results in of the following:
	Injury or death to any person
	Damage over \$2,500 to the vehicle you were driving (even if your vehicle was the only one in the collision)
	Damage over \$2,500 to property other than a vehicle involved in the collision
	Damage over \$2,500 to any vehicle AND any vehicle is towed from the scene because of damage from the collision.
	If a DMV collision report is completed, notify OSFM of the date and time filed with DMV.
Supe	ot give statements to anyone except law enforcement officers, your agency's ervisor, OSFM Engine Program Coordinator, Risk Manager, or DAS Risk agement representative.
	Secure a copy of the police report – if available.
	Email memo and all written and photo documentation to the OSFM Engine Program Coordinator within 3 days at engineprogram@osfm.oregon.gov
	Print replacement crash packet copies for your apparatus, they can be found on the OSFM Engine Program web page.