VEHICLE CRASH/DAMAGE SHEET

☐ 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 immediately

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:

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.
3. **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 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:	
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 INVOLVED IN AN ACCIDENT TO EXCHANGE INFORMATION.

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:	