



## VEHICLE CRASH WITNESS CARD

Agency Driver's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Work email \_\_\_\_\_

**Under ORS 811.715, as a witness to a traffic accident, you must provide your name and address.**

Location \_\_\_\_\_

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](mailto:engineprogram@osfm.oregon.gov)