DMV OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT

Complete this form ONLY if your accident is reportable under Oregon Law. The accident is reportable if it happened on a highway or premises open to the public, and resulted in **any** of the following: 1) More than $1000 in damage to any one person's property; 2) Injury to any person (no matter how minor the injury); or, 3) the death of any person. **(PLEASE PRINT)**

LOCATION & TIME

ACCIDENT DATE	DAY OF WEEK M T W TH F S SN	TIME OF DAY AM PM	COUNTY

ROAD ON WHICH ACCIDENT OCCURRED (Name of street, road or route) | MILE POST

☐ WITHIN _____ FEET N S E W NAME OF NEAREST INTERSECTING ROAD
☐ NEAR _____ MILES N S E W

DO NOT WRITE IN THIS SPACE

Accident Number _____

Accident Type Code (Circle One)
1 2 3 4 6 8 9 X R P

☐ WITHIN _____ FEET N S E W NAME OF NEAREST CITY / TOWN
☐ NEAR _____ MILES N S E W

TYPE OF ACCIDENT - The accident involved one or more of the following: (Mark all that apply):

☐ Two vehicles
☐ More than two vehicles
☐ Fatality
☐ Bicycle
☐ Pedestrian
☐ ATV / Snowmobile
☐ Motorcycle
☐ Train
☐ Parked vehicle
☐ Overturned vehicle
☐ Animal _____
☐ Fixed object _____
☐ Other _____

YOUR INFORMATION

Were you covered by liability insurance at the time of the accident? ☐ YES ☐ NO

If you do not complete ALL of this section, your accident will be considered uninsured and your driving privileges may be suspended. You must list the insurance company that provided liability coverage for the vehicle you were driving. DMV will verify this information with the insurance company. If the insurance company denies the coverage, DMV will suspend your Oregon driving privileges.

DRIVER'S NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	SEX

DRIVER'S ADDRESS	CITY	STATE	ZIP CODE	☐ IF ADDRESS CHANGE

VEHICLE OWNER'S NAME AND ADDRESS ☐ SAME	CITY	STATE	ZIP CODE

INSURANCE COMPANY NAME (NOT AGENT) **AND ADDRESS**	CITY	STATE	ZIP CODE

POLICY NUMBER	VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL

Was your vehicle's damage: ☐ **more than $1000** **or** ☐ **$1000 or less?**

Did the accident occur while you were driving your employer's vehicle?	☐ YES	☐ NO
Were you driving on your job and being paid for the principal purpose of driving?	☐ YES	☐ NO
Were you being paid to drive and/or deliver persons or property?	☐ YES	☐ NO
Were you operating a government owned vehicle marked for transporting mail in accordance with government rules?	☐ YES	☐ NO
Were you operating an authorized emergency vehicle?	☐ YES	☐ NO
Were you operating a commercial motor vehicle requiring you to have a commercial driver license?	☐ YES	☐ NO
a) Were you transporting hazardous material?	☐ YES	☐ NO

OTHER DRIVER

DRIVER'S NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	SEX

DRIVER'S ADDRESS	CITY	STATE	ZIP CODE

VEHICLE OWNER'S NAME AND ADDRESS ☐ SAME	CITY	STATE	ZIP CODE

INSURANCE COMPANY NAME (NOT AGENT) **AND ADDRESS**

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IF ADDITIONAL VEHICLES WERE INVOLVED IN THE ACCIDENT, ATTACH A SUPPLEMENTAL REPORT.

NARRATIVE

DESCRIBE WHAT HAPPENED:

SIGNATURE

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

SIGNATURE OF PERSON MAKING REPORT	DATE SIGNED
X	

YOU INTENDED TO...

- ☐ Go straight ahead
- ☐ Make right turn
- ☐ Make left turn
- ☐ Make "U" turn
- ☐ Back–Up
- ☐ Enter driveway (also mark left or right turn)
- ☐ Remain stopped in traffic
- ☐ Enter parked position
- ☐ Slow or Stop
- ☐ Leave driveway (also mark left or right turn)
- ☐ Start in traffic lane
- ☐ Leave parked position
- ☐ Remain parked
- ☐ Overtake and pass

YOUR VEHICLE

- ☐ Passenger car or van, pickup
- ☐ Any of the above and trailer
- ☐ Taxicab
- ☐ Bus
- ☐ Other publicly-owned vehicle
- ☐ Truck tractor & semi–trailer
- ☐ Farm tractor/farm equipmnt
- ☐ Military vehicle
- ☐ School bus
- ☐ Other_____
- ☐ Other truck combination
- ☐ Emergency vehicle
- ☐ Motorcycle
- ☐ Motor–scooter/bike
- ☐ Truck/truck tractor

WEATHER CONDITIONS

- ☐ Clear
- ☐ Raining
- ☐ Snowing
- ☐ Fog
- ☐ Other

ROAD SURFACE

- ☐ Dry
- ☐ Wet
- ☐ Snowy
- ☐ Icy
- ☐ Other

LIGHT CONDITIONS

- ☐ Daylight
- ☐ Dawn or dusk
- ☐ Darkness (lighted)
- ☐ Darkness (unlighted)
- ☐ Other

YOUR RESIDENCE

- ☐ Local resident (within 25 miles of accident site)
- ☐ Residing elsewhere in state
- ☐ Non–resident of this state:
  - ☐ College student
  - ☐ Military
  - ☐ Temporary job

YOU WERE HEADED

☐ North ☐ East
☐ South ☐ West

On: _____
(name of street, road or route)

OTHER DRIVER WAS HEADED

☐ North ☐ East
☐ South ☐ West

On: _____
(name of street, road or route)

Were occupants of the other vehicle(s) injured? ☐ YES ☐ NO
Did a police officer come to the scene? ☐ YES ☐ NO
If yes, name of police department: _____
☐ City ☐ County ☐ State Police
Was a citation issued to you? ☐ YES ☐ NO

WITNESS INFORMATION:

_____

_____

If this accident involved a pedestrian or bicyclist, complete the following:

PEDESTRIAN / BICYCLIST NAME

Pedestrian or bicyclist was going:
☐ N ☐ S ☐ E ☐ W

ALONG OR ACROSS: (name of street, road or route)

From:

To:

EXAMPLE: (From: NE corner To: SE corner (or) From: East side To: West side, etc.)

Sex and age of pedestrian / bicyclist:
☐ Male ☐ Female Age: _____

Extent of pedestrian / bicyclist injury:
☐ Dead ☐ Possible injury
☐ Incapacitated ☐ No apparent injury
☐ Visible injury

Pedestrian / bicyclist action: (mark one)
- ☐ Crossing at intersection or crosswalk
- ☐ Crossing **not** at intersection or crosswalk
- ☐ Walking / riding in roadway with traffic
- ☐ Walking / riding in roadway **against** traffic
- ☐ Standing in roadway
- ☐ Pushing or working on vehicles in roadway
- ☐ Other working in road
- ☐ Playing in road
- ☐ Hitchhiking
- ☐ Not in roadway
- ☐ Other_____ (specify)

DRIVER AND PASSENGER INJURY AND SAFETY EQUIPMENT INFORMATION

SAFETY EQUIPMENT CODES
WRITE (in column **C**)

- **0** No seat belt available
- **1** Seat belt available but NOT used
- **2** Seat belt available and in use
- **3** Child restraint device available
- **4** Child restraint device in use
- **5** Helmet NOT in use
- **6** Helmet in use
- **7** Air bag deployed
- **8** Air bag available - NOT deployed
- **9** Air bag NOT available

INJURY CODE FOR OCCUPANTS
WRITE (in column **D**)

- **1** Dead as a result of the accident
- **2** Incapacitated - unconscious, could not walk, broken or distorted limbs, etc.
- **3** Visible injury - lump, abrasion cuts
- **4** Momentary unconsciousness, complaint of pain, nausea, limping
- **5** No apparent injury

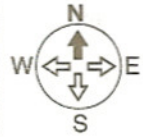
SEAT POSITION	PASSENGER'S NAMES (your vehicle)	A SEX	B AGE	C SFTY EQP	C AIR BAG	D INJURY
DRIVER						
FRONT CENTER						
FRONT RIGHT						
REAR LEFT						
REAR CENTER						
REAR RIGHT						

Vehicle Damage

USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)

- ☐ Vehicle towed
- ☐ Rollover
- ☐ Under car
- ☐ Totaled
- ☐ Unknown

Diagram



Number each vehicle: 1 2
Show path by:
Show pedestrian by:
Show railroad tracks by:

(name of street, road or route)

(name of street, road or route)

DMV

INSURANCE VERIFICATION REQUEST

ACCIDENT DATE	DAY OF WEEK M T W TH F S SN	TIME OF DAY AM PM	COUNTY

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INSTRUCTIONS TO INSURANCE COMPANY

1. If the accident described above was not covered by liability insurance as indicated, check reason below and return this form dated and signed to the address below.
2. If indicated coverage was in effect at the time of the accident no action is required.

REASON FOR DENIAL:

❑ Coverage does not meet minimum Oregon liability requirements ($25,000 — $50,000 — $10,000)
❑ Policy Expired Before Accident
❑ Policy Effective After Accident
❑ Vehicle Not Covered on Policy
❑ Policy Number Given is Incorrect
❑ Lapse in Policy
❑ Driver Not Authorized to Operate Vehicle
❑ Driver Authorized But Not Covered on Policy

PRINTED NAME OF AUTHORIZED REPRESENTATIVE	SIGNATURE X	DATE OF DENIAL

PHONE NUMBER	FAX NUMBER	CLAIM NUMBER

ACCIDENT REPORTING UNIT
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVENUE NE
SALEM OR 97314