



AT THE SCENE OF AN ACCIDENT FORM AT THE SCENE – FILL OUT THE BELOW INFORMATION

ORS 811.700 **REQUIRES** DRIVERS INVOLVED IN AN ACCIDENT TO EXCHANGE THE BELOW INFORMATION.
ORS 811.715 **REQUIRES** WITNESSES TO PROVIDE THEIR CONTACT INFORMATION (Give witnesses enclosed
YELLOW Witness Cards at the scene)

AS SOON AS SAFELY POSSIBLE:

Contact **PSU Risk Management** at **(503) 725-5340 AS SOON AS POSSIBLE** if this was a serious accident (i.e. ambulance involved, vehicle towed). Also notify State of Oregon Motor Pool at (503) 378-4377 if you are driving a Motor Pool Vehicle.

- If PSU Risk Management is not available, **LEAVE A MESSAGE.**
- If required, complete the DMV "Oregon Traffic Accident and Insurance Report" (required for accidents with ANY injury, when a vehicle is towed, and/or if damages exceed \$1,500). **IT IS YOUR RESPONSIBILITY** to send the original of this form to DMV within **72 HOURS.**
- Make two (2) copies of the DMV report. Keep one copy and submit one to PSU Risk Management.
- **RESTOCK** this Accident Report Packet by contacting PSU Risk Management

UNIVERSITY DRIVER

To Be Completed At the Scene of the Accident

| | |
|-------------------------------------|-------------------------------------|
| Drivers Name: | Work Ph: # |
| Dept. | Supervisor: |
| Make of Vehicle | Driver's License #: |
| License Plate #: | Did Fire/Police Respond Yes / No |
| Date: | Time: AM/PM |
| Location, Street Intersection, City | |
| Estimated Damage to PSU Vehicle | |
| Your Injuries, if any | |

PASSENGERS IN PSU VEHICLE

| | |
|------------------|--------|
| Name #1 | Ph. #: |
| Address: | |
| Injuries, if any | |
| Name #2 | Ph. #: |
| Address: | |
| Injuries, if any | |

DRIVER OF OTHER VEHICLE

Get info from driver's license and registration, if possible

| | |
|-----------------------------|-----------------------|
| Driver's Name | Phone # |
| Address | City St Zip |
| Make of Vehicle | Driver License # |
| Car or Truck | State of Registration |
| License Plate # | Year of Vehicle |
| Estimated Damage to Vehicle | |
| Insurance Company | Phone # |
| Policy # | |
| Injuries, if Any | |

PASSENGERS IN OTHER VEHICLE

| | |
|------------------|--------|
| Name #1 | Ph. #: |
| Address: | |
| Injuries, if any | |
| Name #2 | Ph. #: |
| Address: | |
| Injuries, if any | |

Briefly explain how accident happened (use back of sheet if necessary)