



PSU DRIVER NAME: _____

DEPARTMENT _____

PHONE NUMBER _____

WITNESS CARD

UNDER OREGON REVISED STATUTE 811.715 AS A
WITNESS OF A TRAFFIC ACCIDENT, YOU ARE OBLIGATED
TO PROVIDE YOUR NAME AND ADDRESS.

ACCIDENT AT: _____

DATE: _____ TIME: _____

DID YOU SEE THE ACCIDENT HAPPEN? YES NO

NAME: _____

ADDRESS _____

CITY: _____ STATE _____ ZIP _____

HOME PHONE: _____

WORK PHONE: _____

**PLEASE RETURN THIS CARD TO DRIVER OF PSU
VEHICLE OR DROP CARD IN MAILBOX. THANK YOU**