STATE VEHICLE ACCIDENT SHEET

- For **EMERGENCIES** call **911**
- For all state owned or rented vehicles on state business, **CALL Supervisor** _____
- If accident occurs **8am to 5pm, Monday thru Friday, CALL** _____
- If accident occurs **after hours & holidays,** use 24-Hour Non-Emergency Line, **CALL** _____

First Response:

- For injured people call 911.
- Move your vehicle to a safe location and if possible do not obstruct traffic.
- Place emergency warning devices (flags or flares) if available.

At the Scene of Vehicle Accident (ORS 811.700 requires drivers involved in an accident to exchange information):

- Complete the back of this sheet, with as much information as possible.
- Contact your Supervisor and/or your agency's Risk Coordinator/Safety Manager to notify of accident and provide a statement.
- Contact your DAS Fleet/Motor Pool Representative to notify of accident, provide a statement and secure a tow or another vehicle.
- Provide statements to law enforcement and secure a copy of Police Report if one is available.
- **Do not provide statements or admit fault to any other entities.**
- Take photos of all vehicle damage and of scene.
- Distribute DAS Risk informational claim cards to citizen drivers.
- State of Oregon Self-Insurance Policy Number is 125-7-201. A copy of the State Insurance Certificate is enclosed in this packet for proof of insurance.

After State Vehicle Accident:

- After sheet is complete make three copies and attach any written or photo documentation.
  - Submit one form to your Agency's Risk Coordinator /Safety Manager, submit the second form to DAS Fleet or your Agency's Motor Pool. If damage exceeds your agency's deductible, then Motor Pool will send documentation to DAS Risk Management for claim adjusting or it can be filed online on the DAS Risk Management website. Keep the remaining copy for your records.
- Fill out Oregon Traffic Accident & Insurance Report and submit it to DMV **within 72 hours,** if the following applies:
  - Injury (no matter how minor), damage(s) exceeding $2500 to a state vehicle, agency vehicle or rental vehicle on official State business and/or to any one person's property or another vehicle, vehicle(s) involved in an accident are towed because of damage(s), death
- If you or a fellow State of Oregon employee are injured, seek medical treatment and contact your Worker Compensation Representative for the appropriate Saif 801 form, it is also linked here.
- Obtain new State Vehicle Accident Packets from your agency Risk Coordinator/Safety Manager or print packet online. Any questions, contact DAS Risk Management at (503) 373-7475 or risk.management@das.oregon.gov.

STATE VEHICLE ACCIDENT SHEET

STATE DRIVER
TO BE COMPLETED AT SCENE OF ACCIDENT

DRIVER'S NAME	WORK PHONE #
AGENCY/DEPT	AGENCY #
MAKE OF VEHICLE	DRIVER'S LICENSE # / STATE
LICENSE PLATE #	SUPERVISOR
DATE	TIME ☐ A.M. ☐ P.M.

LOCATION OF ACCIDENT, STREET INTERSECTION, CITY

ESTIMATED DAMAGE TO STATE VEHICLE

YOUR INJURIES, IF ANY

PASSENGERS IN YOUR VEHICLE:

NAME	PHONE #

ADDRESS

INJURIES, IF ANY

NAME	PHONE #

ADDRESS

INJURIES, IF ANY

BRIEFLY EXPLAIN HOW ACCIDENT OCCURED:

WITNESS FULL NAME

PHONE AND EMAIL

DATE AND TIME CRASH OBSERVED

DRIVER OF OTHER VEHICLE
OBTAIN DATA FROM DRIVER'S LICENSE AND REGISTRATION

DRIVER'S NAME	PHONE #

ADDRESS

MAKE OF VEHICLE	YEAR OF VEHICLE
LICENSE PLATE #/STATE	DRIVER'S LICENSE #/STATE

ESTIMATED DAMAGE TO VEHICLE

INSURANCE COMPANY

POLICY #

INJURIES, IF ANY

PASSENGERS IN OTHER VEHICLE:

NAME	PHONE #

ADDRESS

INJURIES, IF ANY

NAME	PHONE #

ADDRESS

INJURIES, IF ANY

WITNESS FULL NAME

PHONE AND EMAIL

DATE AND TIME CRASH OBSERVED

WITNESS FULL NAME

PHONE AND EMAIL

DATE AND TIME CRASH OBSERVED