



STATE VEHICLE CRASH SHEET

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

First Response:

- For injured persons call 911.
- Stop safely as possible, without obstructing traffic.
- Place emergency warning devices (flags or flares) if available.

At the Scene of Vehicle Crash:

- Complete this sheet, front and back, with as much information as possible.
- Contact your **Supervisor and Motor pool/DAS Fleet representative** to provide description of damage to state vehicle.
- The State of Oregon is self-insured under State of Oregon Self-Insurance Policy Number 125-7-201. A copy of the State Insurance Certificate is enclosed in this packet for proof of insurance.
- Provide statements to law enforcement office, your supervisor and/or your agency's Risk Coordinator/Safety Manager.

Do not provide statements or admit fault to any other entities

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 #
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ADDRESS

INJURIES, IF ANY

NAME	PHONE #
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ADDRESS

INJURIES, IF ANY

BRIEFLY EXPLAIN HOW ACCIDENT OCCURED:

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

DRIVER'S NAME	PHONE #
ADDRESS	
MAKE OF VEHICLE	DRIVER'S LICENSE # / STATE
CAR / TRUCK <input type="checkbox"/>	STATE
SEMI / RV <input type="checkbox"/>	
MOTORCYCLE <input type="checkbox"/>	
LICENSE PLATE #	YEAR OF VEHICLE

ESTIMATED DAMAGE TO VEHICLE

INSURANCE COMPANY

POLICY #

INJURIES, IF ANY

PASSENGERS IN OTHER VEHICLE:

NAME	PHONE #
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ADDRESS

INJURIES, IF ANY

NAME	PHONE #
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ADDRESS

INJURIES, IF ANY

ORS 811.700 REQUIRES DRIVERS INVOLVED IN AN ACCIDENT TO EXCHANGE INFORMATION.

**CLAIMS ARE HANDLED BY DAS RISK MANAGEMENT,
CONTACT INFORMATION:
(503) 373-7475 | Risk.Management@das.oregon.gov**



STATE VEHICLE CRASH SHEET

Witness Full Name _____

Phone and Email _____

Date and Time Crash Observed _____

Witness Full Name _____

Phone and Email _____

Date and Time Crash Observed _____

Witness Full Name _____

Phone and Email _____

Date and Time Crash Observed _____

Witness Full Name _____

Phone and Email _____

Date and Time Crash Observed _____

Witness Full Name _____

Phone and Email _____

Date and Time Crash Observed _____

Post-State Vehicle Crash Incident:

- After sheet is complete make three copies.
 - ◆ Submit one form to your Agency's Risk Coordinator or Safety Manager and confirm if additional documentation is required.
 - ◆ Submit the other 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 processing.
 - ◆ Keep the remaining copy for your records.
- Fill out *Oregon Traffic Accident & Insurance Report* and submit 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 crash are towed as a result 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.
- Obtain new State Vehicle Crash Packets from your agency Risk Coordinator/Safety Manager or print packet from online. www.oregon.gov/das/Risk/Pages/Accdntpkt.aspx. Any questions, contact DAS Risk Management at (503) 373-7475 or Risk.Management@das.oregon.gov.