

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)

	ACCIDENT DATE	DAY OF WEEK	TIME OF DAY	AM	COUNTY				Accident				
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LOCATION &	☐ WITHIN FE	WITHIN FEET N S E W NAME OF NEAREST CITY / TOWN											
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Š	TYPE OF ACCIDENT	- The accident	t involved one Fatality	or more			,	☐Train		ПАг	nimal		
2	☐ Two vehicles	2012/05/02	Bicycle			ATV / Snowmo	obile	☐ Parked ve	hicle			et	1
	☐ More than two vehi	icles	Pedestria	an	Ш	Motorcycle		Overtume					
	Were you cover	red by liabil	lity insurar	nce at l	the time of th	he accider	nt? YE						this section,
	your accident will be	considered un	insured and y	our drivii	ng privileges ma	y be suspend	ed. You must lis	st the insurar	nce company tha	at provide	ed liabilit	y coverage fo	or the vehicle
	you were driving. DI			with the	insurance compa	any. If the ins			coverage, DMV w				AND RESIDENCE OF THE PROPERTY OF THE PARTY O
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YOUR INFORMATION													
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YOU INTENDED TO	YOU	JR VEHICLE	WEATHER CONDI	TIONS	YOUR RESIDENCE
Go straight ahead		ger car or van,	Clear		Local resident
Make right turn	pickup	gor our or vari,	Raining		(within 25 miles of accident site)
Make left turn		ne above and trailer	Snowing		Residing elsewhere in state
Make "U" turn	Taxicab	ie above and trailer	Fog		Non-resident of this state:
	Bus		Other		
Back-Up		ablialy ayened		or.	College student
Enter driveway (also		ublicly-owned	ROAD SURFA	CE	Military
mark left or right turn			Dry		☐ Temporary job
Remain stopped in to		actor & semi-trailer	Wet		YOU WERE HEADED
Enter parked position		actor/farm equipmnt	Snowy		☐ North ☐ East
Slow or Stop	Military 1		☐ lcy		South West
Leave driveway (also		ous	Other		00:
mark left or right turn			LIGHT CONDIT	ONS	On:
Start in traffic lane	Other tr	uck combination	☐ Daylight		OTHER DRIVER WAS HEADED
Leave parked position	on Emerge	ncy vehicle	Dawn or dusk		□ North □ East
Remain parked	☐ Motorcy	cle	☐ Darkness (lighted	i)	South West
Overtake and pass	☐ Motor—s	cooter/bike	Darkness (unlight		
	☐ Truck/tr	uck tractor	Other	,	On:
			_ Guio.		(name of street, road or route)
Were occupants of the	a other vehicle(s) ini	ured? TYES No	0	If this ac	ccident involved a pedestrian or
Did a police officer co		TYES N		bicyc	clist, complete the following:
•			□ .	PEDESTRIAN	/ BICYCLIST NAME
If yes, name of police		City County	State Police		
Man a altation leaved		City County		Pedestrian	or bicyclist was going:
Was a citation issued	to you?	YES N	0		N OS OE OW
ITNESS INFORMATION:				ALONG OR A	ACROSS: (name of street, road or route)
					(
				From:	
				11101111	
DRIVER AND BASS	ENGER INJURY AND	SAFETY FOLLIDMEN	TINEOPMATION	To:	
		INJURY CODE FOR		10.	
SAFETY EQUIPMENT	CODES	THE PERSON			
WRITE (in column C)			OCCOT AITTS	EVALUE (France)	To DE COMMON TO THE TO WANTED A
WRITE (in column C) ▼		WRITE (in column D) ▼	OCCUPANTS		NE comer To: SE comer (or) From: East side To: West side, et
No seat belt available	15.00	WRITE (in column D)		Sex and a	ge of pedestrian / bicyclist:
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INSURANCE VERIFICATION REQUEST

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