|  |
| --- |
| **ACCIDENT INFORMATION** |
| **Date of Accident** | **Time of Day** **[ ]** AM      [ ]  PM | **County/State** | **Location (Cross Streets)** |
| **Police Response** **YES [ ]  NO [ ]** **Agency Name** | **Police Report #** | **Citation Issued to**OSU Driver [ ] Other Driver **[ ]** None [ ]  | **Weather conditions at time of accident** |
| **OSU DRIVER INFORMATION** |
| **OSU Driver Name**      | **Affiliation**Faculty/Staff [ ] Student [ ] Volunteer [ ]  | **Phone Number** | **Address** | **City** | **State** |
| **Business Purpose** |
| **Supervisor Name/Phone Number** | **Department/Org Code** |
| **Injured?****YES** **[ ]  NO** **[ ]  If yes, Describe Injuries below. Notify your supervisor, they shall complete the** [**HR Advocate Public Incident Reporting Form**](http://hr.oregonstate.edu/benefits/workers-compensation-resources/incident-reporting)**. If seeking medical evaluation, take the enclosed “Employee Status Report” to medical professional to complete.** |
| **OSU PASSENGER INFORMATION** |
| **Name** **Injured? YES** **[ ]  NO** **[ ]**  | **Phone Number** | **Address** | **City** | **State** |
| **Name** **Injured YES [ ]  NO [ ]**  | **Phone Number** | **Address** | **City** | **State** |
| **OSU VEHICLE INFORMATION** |
| **E-Plate Number** | **Year** | **Make** | **Model** | **Damaged, if yes explain damage** |
| **OTHER DRIVER INFORMATION** |
| **Other Driver Name**      | **Phone Number** | **Address** | **City** | **State** |
| **OTHER PASSENGER INFORMATION** |
| **Name** **Injured YES [ ]  NO [ ]**  | **Phone Number** | **Address** | **City** | **State** |
| **Name** **Injured YES [ ]  NO [ ]**  | **Phone Number** | **Address** | **City** | **State** |
| **OTHER VEHICLE INFORMATION** |
| **License Plate Number** | **Year** | **Make** | **Model** | **Damaged, if yes explain damage** |
| **License Plate Number** | **Year** | **Make** | **Model** | **Damaged, if yes explain damage** |
| **WITNESS INFORMATION** |
| **Name**  | **Phone Number** | **Address** | **City** | **State** |
| **Name**  | **Phone Number** | **Address** | **City** | **State** |
| **COMPLETE BOTH SIDES OF FORM****ACCIDENT DESCRIPTION** |
|  |

**Extent of Damage (check all that apply) DIAGRAM**



[ ]  Towed

[ ]  Rollover

[ ]  Totaled

[ ]  Minor

|  |
| --- |
|       |

[ ]  Other

Estimated Damage Total

$

***NOTE: If over $2500 damage or ANY injury, complete the***

***DMV Oregon Traffic Accident and Insurance Report and turn in to the DMV within 72 hours.***

Use Arrow(s) to Point to Damage on Diagram



Additional Information

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Please take and enclose photos of damage.