

OREGON STATE UNIVERSITY DRIVER'S NAME:

\_\_\_\_\_

OSU DEPT. PH #: \_\_\_\_\_

OSU PLATE # \_\_\_\_\_

### WITNESS CARD

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

ACCIDENT AT \_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_

DID YOU SEE ACCIDENT HAPPEN? Yes No

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_

PH #: W \_\_\_\_\_ H/C \_\_\_\_\_

PLEASE RETURN CARD TO OSU DRIVER OR  
DROP CARD IN MAILBOX TO:

OREGON STATE UNIVERSITY  
RISK MANAGEMENT  
644 SW 13<sup>TH</sup> ST  
CORVALLIS, OR 97333

QUESTIONS? CALL OSU RISK AT 541-737-7252

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