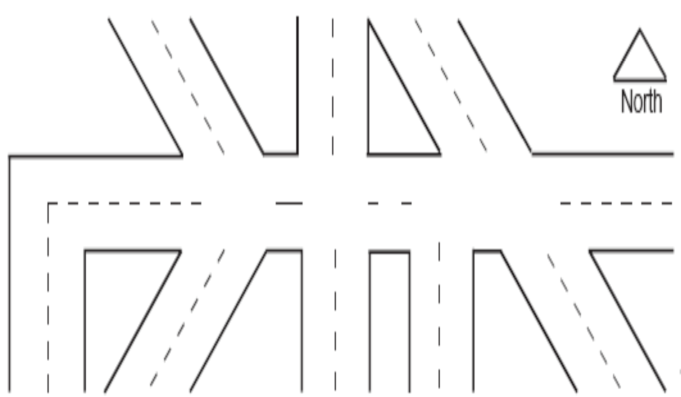
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ACCIDENT INFORMATION** | | | | | | | | | | | | | |
| **Date of Accident** | **Time of Day**  AM  PM | | **County/State** | | **Location (Cross Streets)** | | | | | | | | |
| **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

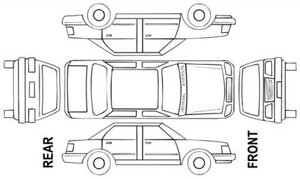
Estimated Damage Total

$

***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

|  |  |
| --- | --- |
| |  | | --- | |  | |

Please take and enclose photos of damage.