Oregon Traffic Accident and Insurance Report

**ONLY drivers involved in an accident resulting in any of the following MUST file an Accident & Insurance Report:**
- Damage to your vehicle is over $1500
- Injury (No matter how minor)
- Death
- Damage to any one person’s property over $1500
- Any vehicle has damage over $1500 and any vehicle is towed from the scene as a result of damages

Oregon law requires these reports be filed within 72 hours of the accident. If you are not able to file within the 72 hours, submit it as soon as possible. If you fail to report the accident to DMV, it may result in suspension of your driving privileges. If the police department files a police report, you are still required to file your own Accident and Insurance Report with DMV. If you are an out-of-state resident, you are still required to file your own Accident Report with DMV. DMV does not determine fault in an accident, but does post the accident to the driving record of those drivers required to report, unless the vehicle is parked. **If you have questions, please call the Accident Unit at (503) 945-5098.**

**PRINT OR TYPE ALL INFORMATION.** (Use black or dark blue ink and press firmly.)
- Complete both sides of the form.
- If additional vehicles were involved in the accident, complete the attached Supplemental Report (Form 735-32B), or on a blank piece of paper, write all the information as requested in Section 4, the “Other Driver” Section.
- DMV Headquarters will verify the insurance information submitted. Complete the insurance section or a suspension of your driving privileges may occur.

**SECTION 1**

DATE, LOCATION AND TIME — Clearly identify the date, location and time of the accident. The correct date, location and time is critical to processing your report. If you are unsure of the county, contact any local law enforcement agency for assistance.

**SECTION 2**

YOUR VEHICLE (# 1) — DMV will consider your accident uninsured if you do not complete ALL of this section. You must list the insurance company name (not agent) and policy number that provided liability coverage for your operation of the vehicle you were driving at the time of the accident. Note the coverage is for liability insurance, not collision or comprehensive coverage. DMV will verify this information with the insurance company. If the insurance company denies the coverage, DMV will suspend your Oregon driving privileges.

**SECTION 3**

Answer all of the questions in Section 3. DMV will use the information provided in these questions to code the accident. It is important for you to understand “principal purpose of driving” and “paid to drive.” These include ONLY persons employed or being paid for the purpose of driving, NOT driving to reach a destination to perform a service. Property includes, but is not limited to, fixed or real property, landscaping, signs, parked vehicles, and animals.

**COMMERCIAL MOTOR VEHICLE OPERATORS:** In addition to this report, Oregon Administrative Rule requires that Form 735-9229, *Motor Carrier Crash Report*, MUST be filed within 30 days of a commercial motor vehicle accident when there is a FATALITY, INJURY (requiring treatment away from the scene), or when a vehicle is TOWED from the scene because of disabling damage. Form 735-9229 (attached on back) MUST be submitted with *Oregon Traffic Accident and Insurance Report* (Form 735-32) to DMV. Call (503) 986-3507 for questions regarding the *Motor Carrier Crash Report*.

**SECTION 4**

OTHER VEHICLE (# 2) — Completion of this information will help DMV match all driver’s accident reports more efficiently. If additional vehicles were involved in the accident, complete attached Supplemental Report (Form 735-32B).

**SECTION 5**

DESCRIPTION AND SIGNATURE — Describe what happened. It is important for you to sign and date the form.

**COMPLETING AND FILING REPORT**

**OTHER SIDE OF FORM** — Complete the other side of the form. Information collected from both sides of this form is used by DMV and other officials in making valuable transportation decisions about the roadway systems and driver safety.

**YOUR COPY** — Under Oregon law ORS 802.220 (5), DMV can not provide you a copy of your Oregon Traffic Accident and Insurance Report. If you wish to have a complete copy of your report (front and back), you will need to make a copy for your records.

**RECEIPT** — Attached is a PINK courtesy copy of your report. After you have completed both sides of the form, tear the PINK copy off for your records. If you want a receipt, bring the form, with the PINK copy, to a DMV office and have your copy validated. Without a receipt, you will have no proof of submitting a report.

**MAIL** — Mail the form to Accident Reporting Unit, DMV, 1905 Lana Ave NE, Salem OR 97314 or FAX to (503) 945-5267, or deliver it to any DMV office.

**PURSUANT TO OREGON INSURANCE LAW, AN INSURANCE COMPANY CAN NOT REQUIRE REPAIRS BE MADE TO A MOTOR VEHICLE BY A PARTICULAR PERSON OR REPAIR SHOP.**
FOLLOW THESE INSTRUCTIONS IF YOUR VEHICLE IS TOTALED

If your vehicle is totaled, in addition to completing the accident report, follow the instruction that is applicable to your case. Either:

1. SURRENDER the title to the insurer if the damage is covered by an insurer who declares the vehicle to be a “total loss,” and the insurer takes possession of the vehicle; or

2. SURRENDER the title to DMV and apply for salvage title if the damage is covered by an insurer who declares the vehicle to be a “total loss,” but you keep possession of the vehicle; or

3. SURRENDER the title to DMV and apply for salvage title if the damage was not covered by an insurer and the estimated cost to repair the vehicle is equal to at least 80% of the retail market value prior to the damage. “Retail market value” is defined as the amount shown in publications used by financial institutions (banks or lenders) in this state.

4. NOTIFY DMV that your vehicle has been totaled if, for some reason, you are unable to obtain the title for surrender. You must provide DMV with a signed statement which includes:
   • A description of the vehicle which includes the year model, make, plate number and vehicle identification number.
   • A statement indicating the vehicle has been totaled.
   • A statement that you are unable to obtain the title and why.

DO NOT SUBMIT THE TITLE WITH THE ACCIDENT REPORT. You can obtain the Application for Salvage Title (Form 735-229) from any DMV office, by calling (503) 945-5000, or on-line at www.oregondmv.com. Application instructions and fee information are on the back of the form 735-229. If you have questions about salvage titles, call (503) 945-5122.

NOTE: It is a Class A misdemeanor with a penalty of imprisonment and/or fine if you fail to comply with the above requirements. (ORS 819.012)
Complete this form ONLY if your accident happened on a highway or premises open to the public, and resulted in any of the following: 1) More than $1500 in damage to your vehicle; 2) More than $1500 in damage to any one person’s property other than a vehicle; 3) Any vehicle has more than $1500 and any vehicle is towed from the scene as a result of damages; 4) Injury to any person (no matter how minor the injury); or, 5) the death of any person.

<table>
<thead>
<tr>
<th>ACCIDENT DATE</th>
<th>COUNTY</th>
<th>DO NOT WRITE IN THIS SPACE</th>
<th>Accident Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAY OF WEEK</td>
<td>M T W T H F S SSN</td>
<td>MILE POST</td>
<td>TYPE OF ACCIDENT - The accident involved one or more of the following: (Mark all that apply)</td>
</tr>
<tr>
<td>AM</td>
<td>PM</td>
<td>TYPE OF ACCIDENT</td>
<td></td>
</tr>
<tr>
<td>ROAD ON WHICH ACCIDENT OCCURRED (Name of street, road or route)</td>
<td>MILE POST</td>
<td>NAME OF NEAREST INTERSECTING ROAD</td>
<td></td>
</tr>
<tr>
<td>NEAR</td>
<td>FEET</td>
<td>N S E W</td>
<td>NAME OF NEAREST CITY / TOWN</td>
</tr>
<tr>
<td>NEAR</td>
<td>MILES</td>
<td>N S E W</td>
<td></td>
</tr>
</tbody>
</table>

Complete ALL of this section. If you fail to do so, your driving privileges may be suspended. You MUST list the insurance company (not agent) and policy number that provided liability coverage for the vehicle you were driving.

<table>
<thead>
<tr>
<th>DRIVER’S NAME (LAST, FIRST, MIDDLE)</th>
<th>DRIVER’S LICENSE NUMBER</th>
<th>STATE</th>
<th>DATE OF BIRTH</th>
<th>SEX (CIRCLE)</th>
<th>CHECK BOX IF ADDRESS CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRIVER’S RESIDENCE ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VEHICLE OWNER’S NAME AND ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INSURANCE COMPANY NAME (NOT AGENCY) AND ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POLICY NUMBER</td>
<td>VEHICLE IDENTIFICATION NUMBER</td>
<td>VEHICLE PLATE NUMBER</td>
<td>STATE</td>
<td>YEAR</td>
<td>MAKE &amp; MODEL</td>
</tr>
</tbody>
</table>

Check all statements that apply:

- Damage to your vehicle was more than $1500.
- Damage to any one person’s property (other than vehicle) was more than $1500.
- Your vehicle was towed from the scene as a result of damages.
- You or passengers in your vehicle were injured.
- The accident occurred while you were driving your employer’s vehicle.
- You were being paid to drive and/or deliver persons or property.
- You were operating a government owned vehicle marked for transporting mail in accordance with government rules.
- You were operating an authorized emergency vehicle.
- You were operating a commercial motor vehicle requiring you to have a commercial driver license.
- You were transporting hazardous material.
- The accident occurred in a work or maintenance zone.
- A police officer came to the scene.
- A citation was issued to you. The citation was: ________________________________

<table>
<thead>
<tr>
<th>DRIVER’S NAME (LAST, FIRST, MIDDLE)</th>
<th>DRIVER’S LICENSE NUMBER</th>
<th>STATE</th>
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<th>CHECK BOX IF ADDRESS CHANGE</th>
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<td></td>
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<td>MAILING ADDRESS (IF DIFFERENT THAN RESIDENCE)</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VEHICLE OWNER’S NAME AND ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INSURANCE COMPANY NAME (NOT AGENCY) AND ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POLICY NUMBER</td>
<td>VEHICLE IDENTIFICATION NUMBER</td>
<td>VEHICLE PLATE NUMBER</td>
<td>STATE</td>
<td>YEAR</td>
<td>MAKE &amp; MODEL</td>
</tr>
</tbody>
</table>

IF ADDITIONAL VEHICLES WERE INVOLVED IN THE ACCIDENT, USE ATTACHED SUPPLEMENTAL REPORT (Form 735-32B).

DESCRIPT WHAT HAPPENED: (IF MORE SPACE IS NEEDED, SUBMIT ADDITIONAL PAGE)

I certify all information given on this report is true and accurate to the best of my knowledge.

SIGNATURE OF PERSON MAKING REPORT | PRINTED NAME OF PERSON MAKING REPORT | DAYTIME PHONE # | DATE SIGNED |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
<td>( )</td>
<td></td>
</tr>
</tbody>
</table>

IF NOT DRIVER’S SIGNATURE, STATE RELATIONSHIP | REASON DRIVER IS UNABLE TO SIGN REPORT | PHONE NUMBER OF DRIVER |
|--------------------------------|---------------------------------|-----------------|

735-32 (7-17) | COMPLETE THE OTHER SIDE OF THIS PAGE | STK# 300009 |
YOU INTENDED TO...

- Go straight ahead
- Make right turn
- Make left turn
- Make “U” turn
- Back–Up
- Enter driveway (also mark left or right turn)
- Remain stopped in traffic
- Enter parked position
- Slow or Stop
- Leave driveway (also mark left or right turn)
- Start in traffic lane
- Leave parked position
- Remain parked
- Overtake and pass

YOUR VEHICLE

- Passenger car, pickup, van
- Military vehicle
- Taxicab
- Emergency vehicle
- Any of the above and trailer
- Private or public agency transit vehicle
- Bus
- School bus
- Other publicly-owned veh.
- Motorcycle
- Motor–scooter/bike
- Personal (assisted) mobility device
- Truck tractor & semi trailer
- Truck/truck tractor
- Other truck combination
- Farm tractor/farm equip.

WEATHER CONDITIONS

- Clear
- Raining
- Snowing
- Fog
- Other

ROAD SURFACE

- Dry
- Wet
- Snowy
- Icy
- Other

LIGHT CONDITIONS

- Daylight
- Dawn or dusk
- Darkness (lighted)
- Darkness (unlighted)

OTHER DRIVER WAS HEADED

- North
- East
- South
- West

LIGHT CONDITIONS

- Daylight
- Dawn or dusk
- Darkness (lighted)
- Darkness (unlighted)

OTHER DRIVER WAS HEADED

- North
- East
- South
- West

TRAFFIC CONDITIONS

- Go straight ahead
- Make right turn
- Make left turn
- Make “U” turn
- Back–Up
- Enter driveway (also mark left or right turn)
- Remain stopped in traffic
- Enter parked position
- Slow or Stop
- Leave driveway (also mark left or right turn)
- Start in traffic lane
- Leave parked position
- Remain parked
- Overtake and pass

Number each vehicle:

- Show path by:
- Show pedestrian/bicyclist by:
- Show railroad tracks by:

Your Vehicle (No. 1) damage: $__________ .
Supplemental for more than two drivers involved in the crash.
Attach this form to your OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT.

<table>
<thead>
<tr>
<th>VEHICLE</th>
<th>INSURANCE COMPANY NAME (NOT AGENCY)</th>
<th>POLICY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEHICLE #3</td>
<td>INSURANCE COMPANY NAME (NOT AGENCY)</td>
<td>POLICY NUMBER</td>
</tr>
<tr>
<td>VEHICLE IDENTIFICATION NUMBER</td>
<td>VEHICLE PLATE NUMBER</td>
<td>STATE</td>
</tr>
<tr>
<td>OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)</td>
<td>DRIVER'S LICENSE NUMBER</td>
<td>STATE</td>
</tr>
<tr>
<td>DRIVER'S ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>VEHICLE OWNER'S NAME AND ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VEHICLE #4</th>
<th>INSURANCE COMPANY NAME (NOT AGENCY)</th>
<th>POLICY NUMBER</th>
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<tbody>
<tr>
<td>VEHICLE IDENTIFICATION NUMBER</td>
<td>VEHICLE PLATE NUMBER</td>
<td>STATE</td>
</tr>
<tr>
<td>OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)</td>
<td>DRIVER'S LICENSE NUMBER</td>
<td>STATE</td>
</tr>
<tr>
<td>DRIVER'S ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
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<tr>
<td>VEHICLE OWNER'S NAME AND ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VEHICLE #5</th>
<th>INSURANCE COMPANY NAME (NOT AGENCY)</th>
<th>POLICY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEHICLE IDENTIFICATION NUMBER</td>
<td>VEHICLE PLATE NUMBER</td>
<td>STATE</td>
</tr>
<tr>
<td>OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)</td>
<td>DRIVER'S LICENSE NUMBER</td>
<td>STATE</td>
</tr>
<tr>
<td>DRIVER'S ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
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<tr>
<td>VEHICLE OWNER'S NAME AND ADDRESS</td>
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</tbody>
</table>

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<thead>
<tr>
<th>VEHICLE #6</th>
<th>INSURANCE COMPANY NAME (NOT AGENCY)</th>
<th>POLICY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEHICLE IDENTIFICATION NUMBER</td>
<td>VEHICLE PLATE NUMBER</td>
<td>STATE</td>
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<tr>
<td>OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)</td>
<td>DRIVER'S LICENSE NUMBER</td>
<td>STATE</td>
</tr>
<tr>
<td>DRIVER'S ADDRESS</td>
<td>CITY</td>
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<td>VEHICLE OWNER'S NAME AND ADDRESS</td>
<td>CITY</td>
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<thead>
<tr>
<th>VEHICLE #7</th>
<th>INSURANCE COMPANY NAME (NOT AGENCY)</th>
<th>POLICY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEHICLE IDENTIFICATION NUMBER</td>
<td>VEHICLE PLATE NUMBER</td>
<td>STATE</td>
</tr>
<tr>
<td>OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)</td>
<td>DRIVER'S LICENSE NUMBER</td>
<td>STATE</td>
</tr>
<tr>
<td>DRIVER'S ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>VEHICLE OWNER'S NAME AND ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>
# Motor Carrier Crash Report

**Oregon Department of Transportation Accident Reporting**  
**Unit Driver and Motor Vehicle Services**  
1905 Lana Ave., NE  
Salem OR 97314  
Fax: (503) 945-5267

**Instructions:** If you checked a box under the Qualifying Vehicle column and a box under the Criteria column, complete the remainder of the Motor Carrier Crash Report and submit to the address shown above. If no circumstances listed under the Criteria column apply, you are not required to submit the Motor Carrier Crash Report. If you have any questions regarding filling out the Motor Carrier Crash Report, please call (503) 986-3507.

### Qualifying Vehicle

- **Commercial Truck (GVWR over 10,000 lbs or actual WT at time of crash even if GVWR is set under 10,000 lbs)**
- **Hazardous Material Placard**
- **Commercial Bus (Designed for 8 or more passengers)**
- **Farm Truck Interstate (Over 10,000 lbs)**
- **Farm Truck For-Hire (4 or more axles)**
- **Farm Truck Towing Triple Trailers**
- **Farm Truck (Over 80,000 lbs)**

### Criteria

- **Any person sustaining a fatality (within 30 days of the accident)**
- **Any person sustaining injuries requiring treatment away from the scene**
- **Any vehicle incurring disabling damage requiring removal from the scene by a tow truck or another motor vehicle**

### Driver Information

**Driver Name (Last, First, Middle)**

**Date of Birth**

**CDL / DL Number**

**State**

**Expiry Date of Medical Certificate**

**License Class**

**Complete the following two questions as if doing a recap of hours in time documents at time of the accident.**

- **Total Hours Driving Since Last Off-Duty Period.**
- **Total Hours On Duty During the Previous 7 Consecutive Days.**
- **Total Hours On Duty During the Previous 8 Consecutive Days.**

### Driver Injury Information

**Your Driver Killed**

**Your Driver Injured**

**Relief Driver Killed**

**Relief Driver Injured**

**Total Number of Passengers**

**Your Driver Injured**

**Your Driver Killed**

**Relief Driver Injured**

**Relief Driver Killed**

**Total Number of Passengers**

**Total Number of Pedestrians**

**Total Number of Bicyclists**

**Total Number of Other Drivers**

**Total Number of Other Passengers**

**Total Number of Pedestrians**

**Total Number of Bicyclists**

### Other Motor Carrier Information

<table>
<thead>
<tr>
<th>Motor Carrier Name</th>
<th>Vehicle License # and State</th>
<th>Driver's Name</th>
<th>Driver's License # and State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Motor Carrier Vehicle Information

**Vehicle Type (Select Appropriate Type)**

- **Triples (Tractor with 3 Trailers)**
- **Standard Tractor/Semi Trailer**
- **Heavy Haul**
- **Bus/Van (8 or more passenger capacity)**
- **Auto/Pickup**
- **Bobtail**
- **Saddlemount**

**Complete Reverse Side**

735-9229 (4-15)

Supplemental – Motor Carrier Crash Report
**DESCRIPTION OF ACCIDENT BY CARRIER OFFICIAL**

### CRASH INFORMATION

<table>
<thead>
<tr>
<th>LOCATION OF CRASH (NEAREST CITY OR TOWN)</th>
<th>HIGHWAY AND MILEPOINT/STREET/COUNTY ROAD</th>
<th>DIRECTION OF YOUR VEHICLE (CIRCLE)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DATE OF CRASH</th>
<th>TIME</th>
<th>AM/PM</th>
<th>DAY OF THE WEEK (CIRCLE ONE)</th>
</tr>
</thead>
</table>

### CONDITIONS AT TIME OF ACCIDENT

<table>
<thead>
<tr>
<th>WEATHER (CIRCLE ONE)</th>
<th>ROAD SURFACE (CIRCLE ONE)</th>
<th>LIGHT CONDITION (CIRCLE ONE)</th>
</tr>
</thead>
</table>

- CLEAR
- RAIN
- SNOW
- CLOUDY
- SLEET
- FOOG
- ICY
- ARTIFICIAL LIGHTS

<table>
<thead>
<tr>
<th>VEHICLES</th>
<th>ACTION</th>
</tr>
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</table>

<table>
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<tr>
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<th>ACTION</th>
</tr>
</thead>
</table>

Describe what happened by checking all boxes that apply. Your vehicle is always no.1. If other vehicles were involved, complete columns 2 & 3 to correspond to the actions of the same numbered vehicles listed above under "Other Driver Information".

<table>
<thead>
<tr>
<th>VEHICLES</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEHICLES</td>
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</tr>
</tbody>
</table>

**COMMODITY INFORMATION**

<table>
<thead>
<tr>
<th>COMMODITY BEING TRANSPORTED AT TIME OF CRASH</th>
</tr>
</thead>
</table>

- YES
- NO

**CRASH INFORMATION**

- YES
- NO

**CONDITIONS AT TIME OF ACCIDENT**

Describe what happened by checking all boxes that apply. Your vehicle is always no.1. If other vehicles were involved, complete columns 2 & 3 to correspond to the actions of the same numbered vehicles listed above under "Other Driver Information".

<table>
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</thead>
</table>

Did your vehicle strike a parked vehicle?  

- YES
- NO

Was your parked vehicle struck by another vehicle?  

- YES
- NO

**DESCRIPTION OF ACCIDENT BY CARRIER OFFICIAL**

Name and title of person signing report:  

Signature:  

I certify the information provided is true and accurate:  

Date:  

Telephone number(s):