

## **Collision Information Exchange Checklist**

Print and carry this form in your motor vehicle.

Drivers involved in a collision resulting in any of the following MUST file an Oregon collision report with DMV:

- Injury or death to any person
- Damage over \$2,500 to property other than a vehicle involved in the collision
- Damage over \$2,500 to the vehicle you were driving
- Damage over \$2,500 to any vehicle AND any vehicle is towed from the scene as a result of damage from the collision

Oregon law requires drivers to file an *Oregon Traffic Collision and Insurance Report* within 72 hours of a reportable motor vehicle collision. You can download the report from DMV's website at: https://www.oregon.gov/odot/DMV/pages/driverid/accidentreport.aspx



Even if law enforcement files a police report, drivers must report to DMV when a collision results in the reportable criteria above. DMV must suspend your driving privileges if you fail to file a report.

| Other Driver Information:                      |        |                   |
|--|--------|-------------------|
| Name   |        | Driver License No |
| Address  |        | State             |
| Phone No. ( )                                  |        | Date of Birth     |
| Insurance Co. Name                             |        | Policy No.        |
| License Plate No.                              | State  | <u> </u>          |
| Year   | Make   |                   |
| Model  | Vin No |                   |
| Vehicle Owner's Name(If different than driver) |        |                   |
| Address  |        |                   |
| Passenger Information:                         |        |                   |
| Name   |        | Name              |
| Address  |        | Address           |
| Phone No. (                                    |        | Phone No. (       |
| Witness Information:                           |        |                   |
| Name   |        | Name              |
| Address  |        | Address           |
| Phone No. ( )                                  |        | Phone No. ( )     |
| Name   |        | Name              |
| Address  |        | Address           |
| Phone No. (                                    |        | Phone No. ( )     |