

# IF YOU HAVE AN ACCIDENT

Complete the following information

## ACCIDENT FACTS

Date \_\_\_\_\_ Time \_\_\_\_\_  
City \_\_\_\_\_  
Street \_\_\_\_\_  
Intersection \_\_\_\_\_  
Road Condition \_\_\_\_\_  
Weather \_\_\_\_\_  
How did the accident happen? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WITNESSES

Name #1 \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
  
Name # 2 \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

## OTHER VEHICLE

Make/Model \_\_\_\_\_  
License Plate # \_\_\_\_\_  
Driver's Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Driver's License # \_\_\_\_\_  
Name of Vehicle's Owner \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Insured by \_\_\_\_\_  
Policy # \_\_\_\_\_  
Damaged Area \_\_\_\_\_  
Was anyone injured? Yes No

## DAMAGE TO YOUR VEHICLE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DAMAGE TO OTHER PROPERTY

Owner \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Nature of damage \_\_\_\_\_

## ACCIDENT CHECKLIST

- Get help for the injured.
- List the damage to all vehicles and property. Take pictures if possible.
- Make no statements regarding the accident, except to proper authorities.
- Get names, addresses, phone numbers, makes of vehicles, and license numbers of all other drivers, passengers, and witnesses. Be sure to get all other drivers' insurance information, including the name of the company, policy number, and contact information.
- Secure the assistance of a police officer whenever possible. It is strongly recommended that any district staff member involved in a motor vehicle accident seek assistance from the local authority. Notify your agent as soon as possible.
- Draw a sketch of the accident. (*Space available on reverse side.*)
- All claims must be reported as soon as possible to your supervisor and either your agent or SDIS at 800-305-1736 (Statewide) or 503-670-7066 (Tigard).

**SDIS** Special Districts  
Insurance Services

**Administered by SDAO**

PO Box 23879, Tigard OR 97281  
[claims@sdao.com](mailto:claims@sdao.com)  
503-670-7066 | 800-305-1736

