

Private-for-hire Transportation Accident Report

Company Name:
Date of Accident:
Time of Accident:
Driver Name: (Last, First)
Driver Permit Number:
Vehicle DMV Plate:
Injury/s? (Yes / No)
Police Citation(s) Issued to for-hire Driver? (Yes / No)
If so, for what violation(s)?
Police Report? (Yes / No)
Accident Summary*:

^{*} Any additional information must be submitted to the Regulatory Division as soon as possible. Email to Regulatory@portlandoregon.gov or fax to 503.865.3022. Please be sure to note if any of the required information above is pending or unavailable.