



PRIVATE-FOR-HIRE TRANSPORTATION

VEHICLE CRASH REPORT



When an crash occurs:

First Steps	Do	Do <u>Not</u>	While Still At the Scene
<ul style="list-style-type: none"> • Remain Calm • Get to a safe place • Check for injuries • Administer First Aid • If necessary, call police/EMT 	<ul style="list-style-type: none"> • Provide the other driver with your information. • Call your company. • Call the Regulatory Division at: (503) 82-DRIVE (823-7483) • Submit this form as soon as possible. 	<ul style="list-style-type: none"> • Instruct your passenger on what to say. • Tell the other person it's their fault (even if it is). 	<ul style="list-style-type: none"> • Get as much information as possible for this report. • Take pictures • If the police arrive, cooperate and tell them what you know.

Driver Information

Driver Name: _____ <small>First Last</small>	Driver Permit #: _____
Driver's License Number: _____	State License Issued: _____
Vehicle DMV Plate: _____	State Plate Issued: _____

Crash Details

Date: ____ / ____ / ____ Time: ____ : ____ AM / PM Company: _____

What was the weather like? _____
(i.e. raining, snowing, sunny, clear, overcast, foggy, etc)

What were the road conditions like? _____
(i.e. wet, dry, icy, damp, snowed, etc)

Location of crash? _____

Crash narrative: _____

←
In this section, write out what happened. Describe what you did and saw. Use additional sheets of paper if needed.
←

Police Citation(s) Issued to for-hire driver? Yes | No Injuries? Yes | No Police Report? Yes | No

Did you have passengers/customers at the time of the crash? Yes | No

If yes, what was the violation(s)? _____

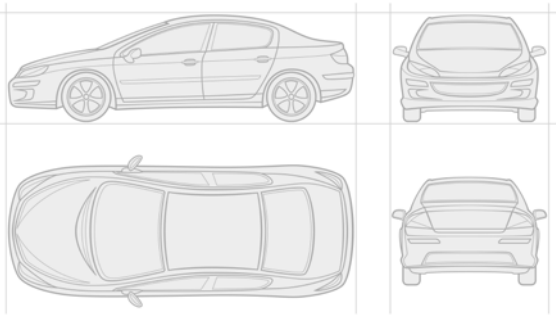
Vehicle Damage Description	
Please indicate on the diagram where your vehicle was damaged.	
Was your vehicle towed? Yes No	
Tow Company Name: _____	
Tow Company Phone: () _____	



PBOT is an equal opportunity employer. The Portland Bureau of Transportation (PBOT) is the steward of the City's transportation system, and a community partner in shaping a livable city. We plan, build, manage and maintain an effective and safe transportation system that provides access and mobility.

Other Driver / Vehicle Information

Driver Name: _____ <small style="display: flex; justify-content: space-around; width: 100%;">First Last</small>		
Address: _____ <small style="display: flex; justify-content: center; width: 100%;">Street Address</small>		

<small>City State Zip</small>		
Phone Number: () _____		
Vehicle Make: _____	Vehicle Model: _____	Model Year: _____
Vehicle Color: _____	License Plate: _____	
Insurance Company: _____		
Agent Name: _____		
Agent Phone: _____		
Vehicle Damage Description		
Please indicate on the diagram where your vehicle was damaged.		
Was the other vehicle towed?	Yes No	
Tow Company Name: _____		
Tow Company Phone: () _____		

Witness Information

Name: _____	Name: _____
Address: _____	Address: _____
Phone: () _____	Phone: () _____

Sketch The Crash Scene

Please include street names and include directional arrows indicating movement of the vehicles.

Keep a copy of this document for your records. Submit this to the Regulatory office of the City of Portland's Bureau of Transportation. You can deliver this in person to our office or via email to regulatory@portlandoregon.gov.