



Public Incident/Accident Report

Please fill out this form as completely as possible. Attach additional sheets if necessary to provide all details and a complete explanation. Attach any supporting documents, photos, damage estimates, etc. For questions regarding completing report, call Risk Management at 503-655-8459 or email riskmanagement@clackamas.us.

If this report concerns a motor vehicle accident, please complete required information on page 2.

Return this form to:
Clackamas County Risk Management
2051 Kaen Road
Oregon City, OR 97045

Type of Incident/Accident: Vehicle Injury Property Damage Other _____

Person completing report is: Claimant Witness Other _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Home Work Cell Email _____

Incident/Accident Date _____ Time _____ a.m. p.m.

Location where incident occurred _____

Type of damage _____

Extent of injury _____

Witness name _____ Phone _____

Witness name _____ Phone _____

Person(s) injured _____

Injured taken by _____ to _____

Describe what happened in detail (use additional sheets if necessary):

Signature of person filing report

Date

Vehicle No. 1 (Your vehicle)

Year _____ Make _____ Model _____
 License Plate # _____ If county-owned, vehicle number _____
 Driver Name _____ Driver License # _____
 Owner's Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Home Work Cell
 Damage to vehicle _____
 Passengers in vehicle _____
 Seat belts in use and secured? Driver Yes No Passengers Yes No
 Insurance Co. _____ Policy # _____
 Agent _____
 City _____ State _____ Zip _____
 Phone _____

Vehicle No. 2 (County vehicle)

Year _____ Make _____ Model _____
 License Plate # _____ County vehicle number _____
 Driver name _____ Driver license # _____
 Owner's Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Home Work Cell
 Damage to vehicle _____
 Passengers in vehicle _____
 Seat belts in use and secured? Driver Yes No Passengers Yes No

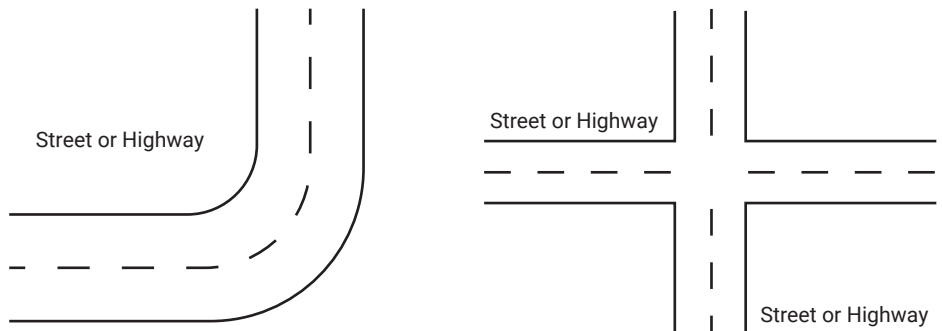
Diagram

Road conditions
 Dry Asphalt
 Wet Concrete
 Icy Gravel

Weather _____
 Photos Yes No

Law enforcement at scene?
 Yes No

Jurisdiction _____
 Was a citation issued to you?
 Yes No



1 2 Number each vehicle Pedestrian Indicate North
 Direction of travel +++++ Railroad tracks Label all roadways

NOTE: DMV may require a report in addition to this form.