Clackamas County

Public Incident/Accident Report

This is *NOT* a police or DMV report.

This form is for incidents involving a county vehicle, property, employee or operation.

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 _____
Were **you** injured? ◯ Yes ◯ No 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 (Other vehicle)

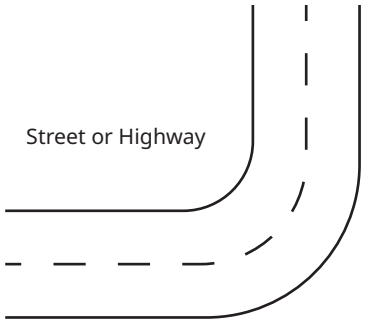
Year _____ Make _____ Model _____
License Plate # _____ If county-owned, vehicle number _____
Driver name _____ Driver license # _____
Owner's Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ ◯ Home ◯ Work ◯ Cell
Damage to vehicle _____
Passengers in vehicle _____
Seat belts in use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

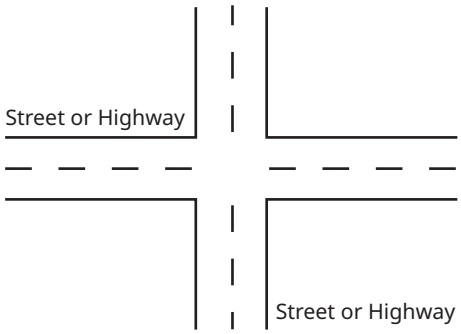
Diagram

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 N Indicate North
→ Direction of travel ++++++ Railroad tracks Label all roadways

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