DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE., NE SALEM OR 97314

REPORT OF UNINSURED ACCIDENT

This Form is for Insurance Companies ONLY

Send the completed form to:

Driver and Motor Vehicle Services
Accident Report
1905 Lana Ave. NE
Salem OR 97314

INSTRUCTIONS: Use this form to notify DMV when a driver insured by your firm is involved in an accident with an **UNINSURED** driver. All of the form must be filled out or we cannot process it. **THIS FORM IS NOT INTENDED TO REPORT UNINSURED OWNERS.**

ORS 806.190 requires reporting the uninsured accident within 60 days of becoming aware of the accident.

LOCATION AND DATE

ACCIDENT DATE	DAY OF WEEK	TIME OF DAY ☐ AM ☐ PM	DO NOT WRITE IN THIS SPACE
COUNTY	CITY NAME [OR NEAREST CITY]		ACCIDENT NUMBER
If outside city limits, indicate distance from nearest city: MILES ☐ N ☐ S ☐ E ☐ W **Of city entered above.**			ACCIDENT TYPE CODE [CIRCLE ONE] **1 2 3 4 5 6 7 8 X R P**
OCCURRED ON [NAME OF STREET, ROAD OR ROUTE]	OCCURRED ON [NAME OF STREET, ROAD OR ROUTE]		

UNINSURED DRIVER INFORMATION

UNINSURED DRIVER'S NAME [LAST FIRST MIDDLE]

UNINSURED DRIVER'S ADDRESS

CITY, STATE, ZIP CODE

DRIVER LICENSE NUMBER		STATE OF ISSUE	DATE OF BIRTH	
VEHICLE PLATE NUMBER	**STATE**	**YEAR OF VEHICLE**	**MAKE**	**STYLE**
AMOUNT OF DAMAGE $		**DID THE ACCIDENT CAUSE INJURY? -- ANY INJURY**, NO MATTER HOW MINOR, MUST BE REPORTED. ☐ **YES** ☐ **NO**		

INSURED DRIVER INFORMATION

INSURED DRIVER'S NAME [LAST FIRST MIDDLE]

INSURED DRIVER'S ADDRESS

CITY, STATE, ZIP CODE

DRIVER LICENSE NUMBER		STATE OF ISSUE	DATE OF BIRTH	
VEHICLE PLATE NUMBER	**STATE**	**YEAR OF VEHICLE**	**MAKE**	**STYLE**
AMOUNT OF DAMAGE $		**DID THE ACCIDENT CAUSE INJURY? -- ANY INJURY**, NO MATTER HOW MINOR, MUST BE REPORTED. ☐ **YES** ☐ **NO**		

TYPE OF ACCIDENT **Mark all boxes that apply**

- ☐ ONE **OTHER** VEHICLE INVOLVED
- ☐ MORE THAN TWO VEHICLES INVOLVED
- ☐ PEDESTRIAN
- ☐ PARKED VEHICLE (YOUR INSURED)
- ☐ PARKED VEHICLE (UNINSURED DRIVER)
- ☐ TRAIN / LIGHT RAIL
- ☐ PEDALCYCLIST
- ☐ ANIMAL
- ☐ FIXED OBJECT
- ☐ VEHICLE TOWED
- ☐ OTHER (SPECIFY)

DAMAGE ESTIMATE
- ☐ NONE
- ☐ UNDER $1500
- ☐ OVER $1500
- ☐ ROLLOVER
- ☐ UNDERCAR
- ☐ TOTALED
- ☐ UNKNOWN

INSURANCE CARRIER INFORMATION

INSURANCE COMPANY NAME	PRINTED NAME OF COMPANY REPRESENTATIVE	PHONE NUMBER
ADDRESS [CITY, STATE AND ZIP CODE]		

SIGNATURE	TITLE	CLAIM NUMBER	INSURED'S POLICY NUMBER
X			