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DMV		SUPPLEMENTAL REPORT OREGON TRAFFIC ACCIDENT			
Supplemental for more than two drivers involved in the crash. Attach this form to your OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT.					
ACCIDENT DATE	DAY OF WEEK M T W T F S S	TIME OF DAY AM PM	COUNTY	DO NOT WRITE IN THIS SPACE	
ROAD ON WHICH ACCIDENT OCCURRED (Name of street, road or highway)			MILE POST		
VEHICLE #3	INSURANCE COMPANY NAME (NOT AGENCY)		POLICY NUMBER		
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL	
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	SEX	
DRIVER'S ADDRESS	CITY	STATE	ZIP CODE		
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE		
<input type="checkbox"/> SAME					
VEHICLE #4	INSURANCE COMPANY NAME (NOT AGENCY)		POLICY NUMBER		
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL	
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	SEX	
DRIVER'S ADDRESS	CITY	STATE	ZIP CODE		
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE		
<input type="checkbox"/> SAME					
VEHICLE #5	INSURANCE COMPANY NAME (NOT AGENCY)		POLICY NUMBER		
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL	
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	SEX	
DRIVER'S ADDRESS	CITY	STATE	ZIP CODE		
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE		
<input type="checkbox"/> SAME					
VEHICLE #6	INSURANCE COMPANY NAME (NOT AGENCY)		POLICY NUMBER		
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL	
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	SEX	
DRIVER'S ADDRESS	CITY	STATE	ZIP CODE		
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE		
<input type="checkbox"/> SAME					
VEHICLE #7	INSURANCE COMPANY NAME (NOT AGENCY)		POLICY NUMBER		
VEHICLE IDENTIFICATION NUMBER	VEHICLE PLATE NUMBER	STATE	YEAR	MAKE & MODEL	
OTHER DRIVER'S FULL NAME (LAST, FIRST, MIDDLE)	DRIVER'S LICENSE NUMBER	STATE	DATE OF BIRTH	SEX	
DRIVER'S ADDRESS	CITY	STATE	ZIP CODE		
VEHICLE OWNER'S NAME AND ADDRESS	CITY	STATE	ZIP CODE		
<input type="checkbox"/> SAME					

FD-323 (1-94)

STN # 900026

STATE OF DELAWARE
INSURANCE COVERAGE OFFICE

97 Commerce Way
Suite 201
Dover, DE 19904
Phone: (302) 739-3651 Fax: (302) 739-5345
http://inscov.delaware.gov Toll Free: (877) 277-4185 Email: inscov@state.de.us

Automobile Accident Report

INSURED	State Agency Address City State Zip Phone #	if Other City State Zip Phone #
TIME & PLACE OF ACCIDENT	Date Time Location City State Tag No.	
STATE OWNED VEHICLE (# 1)	Make & Model Year VIN # Driver Address City State Zip Age Years Licensed Employed By For what purpose was vehicle being used? Owner	Emp Id Home Phone No
DAMAGE TO STATE OWNED VEHICLE (# 1)	Describe Damage Est. cost of repairs \$ Where vehicle may be seen Make & Model Year Tag No.	
OTHER VEHICLE (# 2)	Owner's Name Owner's Address City State Zip Phone # Driver's Name Driver's Address City State Zip Insurance Carrier Policy #	Phone #
DAMAGE TO OTHER VEHICLE (# 2)	Describe Damage Est. cost of repairs \$ Where vehicle may be seen	
OTHER PROPERTY DAMAGE	Describe Damage Owner Address Est. cost of repairs \$ Where damaged property may be seen	
YOUR PASSENGERS	NAME AGE ADDRESS	
WITNESSES (not involved in accident)	NAME AGE ADDRESS	
INJURED PERSONS	NAME AGE ADDRESS	
EXTENT OF INJURIES		



protect you from an insurance scam or fraud. One in three Canadians will be involved in a car accident at some point in their lives. That's 33 per cent of us. Follow their instructions for filling out the police report documentation. Will the police arrive at the scene of the accident? Should I report a minor car accident? Injury: You must report the accident if someone is injured. What are the benefits of filing a police report? Can you report a car accident after 24 hours? Can you move all your limbs? The other driver can do a U-turn and decide not to pay: You can be made to pay for the damage, even if you were not at fault. An officer will then check the damage against your report to determine if the damage they can see is consistent with your report. If you are sure it is safe, take your vehicle to the shoulder. After confirming that all parts are fine, check the damage to your vehicle. vehicle.

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