

Salem-Keizer School District Accident Information Exchange

Transportation Department
998 Hawthorne Ave NE
Salem, OR 97301-2837
503-399-3108

School district operator: Complete this form and give it to other driver.

Date of Accident: _____ Time: _____

District Vehicle: _____
Year Make Type

License Plate # State Unit #

First Name M.I. Last Name

Street Address City State

Zip Code Contact Phone Driver's License #

Street on Which Accident Occurred Intersecting Street

Insurance Co: Genesis Insurance Company
350 California St. Ste 2100
San Francisco, CA 94104-1409

Policy #: YXB301012 D

Claims: Pat Cody, Salem-Keizer School District
Risk Management, 503-399-3070

Salem-Keizer School District Accident Information Exchange

Transportation Department
998 Hawthorne Ave NE
Salem, OR 97301-2837
503-399-3108

Other operator: Complete this form and give it to school district driver.

Date of Accident: _____ Time: _____

Your Vehicle: _____
Year Make Model

License Plate # State Color

First Name M.I. Last Name

Street Address City State

Zip Code Contact Phone Driver's License #

Street on Which Accident Occurred Intersecting Street

Insurance Co: _____

Policy #: _____

Oregon law requires completion and filing of a State Accident Report within 72 hours following the accident if damage to either vehicle is over \$1,500 and/or anyone is injured as a result of the accident.