



Rogue Community College

Auto Accident Guidelines

These Guidelines are for Rogue Community College employees involved in an auto accident while driving a College owned or rented vehicle.

If you have a traffic accident or collision, you must:

- **Stop at once.**
If you are involved in a crash on the highway and you have no injury, you should move your vehicle over to the shoulder if it's safe to do so. This helps keep traffic moving. You will also avoid getting a ticket for failure to remove your vehicle.
- **Render aid if necessary.**
If the accident requires emergency treatment then the employee should go to the nearest emergency room or call 911 immediately.
- **Exchange information with other drivers involved.**
(Use attached Accident Information Exchange Checklist) This information will also need to be submitted to the RCC Risk Management Department.
- **You must immediately notify police if** you are a driver involved in an accident meeting any of the same criteria under DMV Accident Reporting Requirements listed below.
- **If you hit an unoccupied vehicle,** try to find the owner. If you can't find the owner, leave a note that says you are the person who hit the vehicle and how to contact you. By law, ORS 811.700(1)(B), you must write your name and address on the note, and a brief description of what happened.
- **If you damage property other than a vehicle,** you must try to find the owner or someone in charge of the property to report the damage.
- **Contact Risk Management office to report auto incident.**
To begin an auto insurance claim, Risk Management will need all documentation including Accident Information Exchange Checklist, RCC incident report(s), Police Report (if applicable), and DMV Accident Report (if applicable).

Contact Info:

Wendy Jones, Risk Management Coordinator
RCC Risk Management
(541) 956-7146
wjones@rogucecc.edu

- **Report the accident to DMV (A police report does not count as filing an accident report with DMV) within 72 hours if:**
 - Damage to any vehicle is over \$2,500 (even if your vehicle was the only one in the crash);
 - Any vehicle is towed from the scene;
 - Injury or death resulted from this accident; or
 - Damages to anyone's property other than a vehicle involved in this accident is more than \$2,500.Your license will be suspended by DMV if you do not file a required report.
Oregon DMV Accident Report: <https://www.oregon.gov/ODOT/Forms/DMV/32fill.pdf>
 - Keep a copy of your DMV Accident Report. Under ORS 802.220(5) the DMV cannot give you a copy of your accident report. Submit the original DMV Accident Report to any DMV Office.

Within 24 hours of returning to the RCC campus:

- **Fill out a written RCC Incident Report.**
Driver and passengers should both complete an incident report, along with any witnesses if applicable. The incident report form can be found on the RCC web site at:
<http://www.rogucecc.edu/safety/>

Note: The RCC Safety Committee or Risk Management designee will conduct a formal accident investigation for all on-the-job auto accidents and injuries.



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1901 LANA AVE. NE, SALEM OREGON 97311

Accident Information Exchange Checklist

Clear Form

Reportable Accidents: Accidents must be reported to DMV when: 1) a driver's vehicle has greater than \$2500 in damage; 2) there is bodily injury or death; 3) any vehicle is towed from the scene of the accident due to damages resulting from the accident and damage to any vehicle involved in the accident is greater than \$2500; 4) there is property damage, other than a vehicle, greater than \$2500.

Other Driver Information:

Name _____ Driver License No. _____

Address _____ State _____

Phone No. () _____ Date of Birth _____

Insurance Co. Name _____ Policy No. _____

License Plate No. _____ State _____

Year _____ Make _____

Model _____ Vin No. _____

Vehicle Owner's Name _____
(If different than driver)

Address _____

Passenger Information:

Name _____ Name _____

Address _____ Address _____

Phone No. () _____ Phone No. () _____

Witness Information:

Name _____ Name _____

Address _____ Address _____

Phone No. () _____ Phone No. () _____

Name _____ Name _____

Address _____ Address _____

Phone No. () _____ Phone No. () _____