



Housing Authority
of Douglas County Oregon
Affordable Housing Since 1944

eBike Program Traffic Incident Report

Traffic Incident Reporting Checklist

Photos and/or video taken at the scene received by HADCO

Copy of the police report received by HADCO

Form Instructions

Only fill out this form if the DMV Traffic Crash and Insurance Report form is not required for the incident (no injuries and property damage less than \$2,500). The information can be taken over the phone or the form can be emailed to the participant to fill out at their convenience.

Date of Traffic Incident:

Time of Traffic Incident (ex. 2:30pm):

Location of Traffic Incident

(cross streets, address, business name, etc.)

Type of Traffic Incident

Collision with another bicycle

Collision with a pedestrian

Collision with a motor vehicle

Collision with a parked vehicle

Other (explain below)

Housing Authority of Douglas County
eBike Traffic Incident Report Form

Participant Information

Participant's Full Name: _____

Participant's Street Address: _____

Participant's Contact Number: _____

Participant's Email Address: _____

HADCO eBike ID Number: _____

Other Party's Information (1)

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Driver's License Number: _____ DL State: _____

Insurance Company Name (not agent): _____

Insurance Policy Number: _____

Vehicle Make: _____ Vehicle Model: _____

License Plate Number: _____ LP State: _____

Vehicle Year: _____

If additional parties were involved, add their information at the bottom of this form.

Witness 1 Information

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

If additional witnesses need to be documented, add their information at the bottom of this form.

Housing Authority of Douglas County

eBike Traffic Incident Report Form

Description of the Incident

Please describe the incident in as much detail as possible. Include what you were doing at the time of the incident, what the other person was doing at the same time, the physical location on the eBike that was hit, the physical location on the other party's vehicle or person that was hit, whether a police report was filed, any damage to the eBike or the other vehicle(s) involved, and any additional information you believe is relevant to the report.

Housing Authority of Douglas County

eBike Traffic Incident Report Form

Condition of the eBike

Undamaged (no scrapes, dents, etc.)

Damaged, operational (describe below)

Damaged, non-operational (describe below)

Likely Totaled (describe below)

eBike Condition Notes (describe any damage)

Location of the eBike

Returned to a HADCO eBike location

Left at the scene, properly locked/secured

Left at the scene, unsecured

Impounded by police

Unknown

Other (enter below)

Report Completed By (select one):

Staff Name: _____

Staff Signature:

Staff Signature Date:

Participant Signature:

Participant Signature Date:

Housing Authority of Douglas County **eBike Traffic Incident Report Form**

Other Party's Information (2)

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Driver's License Number: _____ DL State: _____

Insurance Company Name (not agent): _____

Insurance Policy Number: _____

Vehicle Make: _____ Vehicle Model: _____

License Plate Number: _____ LP State: _____

Vehicle Year: _____

Other Party's Information (3)

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Driver's License Number: _____ DL State: _____

Insurance Company Name (not agent): _____

Insurance Policy Number: _____

Vehicle Make: _____ Vehicle Model: _____

License Plate Number: _____ LP State: _____

Vehicle Year: _____

Housing Authority of Douglas County

eBike Traffic Incident Report Form

Other Party's Information (4)

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Driver's License Number: _____ DL State: _____

Insurance Company Name (not agent): _____

Insurance Policy Number: _____

Vehicle Make: _____ Vehicle Model: _____

License Plate Number: _____ LP State: _____

Vehicle Year: _____

Witness Information (2)

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Witness Information (3)

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Housing Authority of Douglas County
eBike Traffic Incident Report Form

Witness Information (4)

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Witness Information (5)

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Witness Information (6)

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____