



2022-011909-22

Multnomah County DF FREQ 3000/3013

**Vehicle Collision Report Form RSK-4**

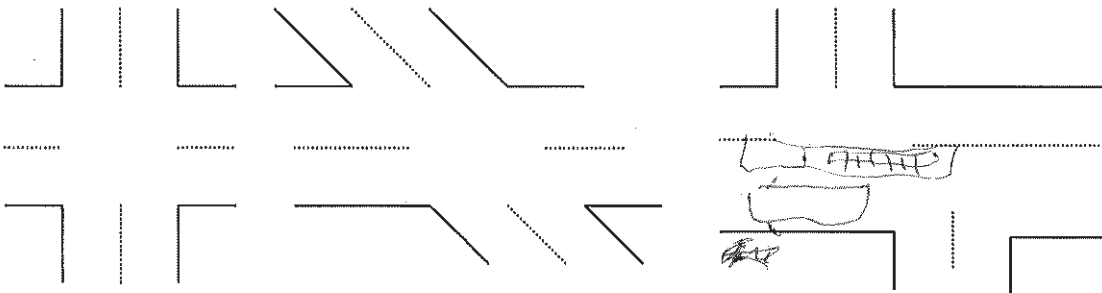
☐ Send this original form to Fleet (425/Fleet).

Complete this form immediately following all collisions involving a vehicle being used for County business. Refer to County Administrative Procedure RSK-4 for further information. Copies of RSK-4 may be accessed on the MINT or by calling Risk Management/Property & Liability Program. (Revised 8/05)

County Driver's Name: <u>Ryan McCune</u>		Dept.: <u>DCA/FPM/O&amp;M</u>	
Work Phone No.: <u>971 404-1857</u>	Supervisor's Name: <u>Audrey Clarke</u>	Date of Birth: <u>[REDACTED]</u>	
Driver's License No.: <u>[REDACTED]</u>	State Issued: <u>Oregon</u>	License Exp. Date: <u>8/28/2027</u>	
Accident Date: <u>1/20/22</u>	Vehicle Make & Model: <u>Ford Econoline</u>	Yr.: <u>2006</u>	License No.: <u>[REDACTED]</u>
Time: <u>12:00</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	Location of Accident: <u>Justice Center -</u>		
Weather Conditions: <u>Sunny</u>	Road Conditions: <u>Dry</u>		
Rate of Speed (mph)-- Your Car: <u>0 - parked</u>	Other Car:	Police Investigation: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> State <input type="checkbox"/> City	
Other Driver's Name: <u>Not applicable</u>		Home Address: _____	
Home Phone: _____	Date of Birth: _____	Driver's License No.: _____	State Issued: _____
Vehicle Make & Model: _____	Year: _____	Vehicle License No.: _____	
Insurance Company: _____	Policy No.: _____		
Damage to County car (Vehicle #1): <u>Passenger side mirror damaged cracked; clipped by a passing Fire truck</u>			
Damage to other car (Vehicle #2): <u>Not applicable</u>			
Name, address and age of witnesses (other than occupants of car). <u>None</u>			
Name, address and age of occupants in vehicle being used for County business (indicate if injured and extent). <u>No other occupants in the vehicle.</u>			
<b>RECEIVED</b>			
<b>FEB - 7 2022</b>			
Name, address and age of occupants in other car (indicate if injured and extent). <u>Not applicable</u>			
City of Portland-Risk Management			

Show how accident occurred by using one of these diagrams.

Indicate North Below.



Driver's Statement of How Accident Occurred (use reverse side of form, if necessary): While in my vehicle which was parked on Main And 3<sup>rd</sup> a responding fire truck drove by and clipped my passenger mirror cracking it.

Any Statement or Admission by Other Driver (use reverse side of form, if necessary): \_\_\_\_\_

Signature of County Driver/Date 2/3/22

A. Clarke 971-352-5943  
Signature of Supervisor/Work Phone Number