

STEP #8

Get witnesses (if available).

Attach additional page, if necessary

Name Phone no.

Address

STEP #9

Record facts about other
property damage.
(Non-vehicular)

Owner's Name Phone No.

Address

Property Damaged

Nature of Damage (be brief)

Signature of Employee Date

STATE OF OKLAHOMA

**Risk Management
Department
P.O. Box 53364
Oklahoma City, OK 73152-3364
405-521-4999**



**STATE WIDE TOLL-FREE
(agency use only)**

1-888-521-RISK (7475)

**FORMS CAN BE FOUND ON THE RISK
MANAGEMENT WEBSITE**

www.ok.gov/DCS/Risk_Management/index.html



ACCIDENT INFORMATION FORM

**THIS FORM IS NOT TO
BE GIVEN TO THE
OTHER DRIVER**

**RM CARD IS TO BE GIVEN
TO THE OTHER DRIVER**

Keep accident information form and RM card
in the glove compartment of all state and
personal vehicles.

STEP #1

Assist the injured.

Do not move injured individuals unless absolutely necessary.

Do not tell the injured party the state will accept responsibility for medical expenses.

Take photographs of the scene including, but not limited to, area surrounding the accident and damage to vehicles involved.

Do not comment.

Do not admit any fault.

Only give information required by authorities.

Do not sign any statement except from an authorized representative of the Risk Management department or your agency's authorized legal counsel.

STEP #2

Call the police or 911.

Give exact location and advise if medical help is needed. Write down the name(s) and badge number(s) of police officer(s) who assist you.

Name: _____

Badge #: _____

Traffic Citation issued to:

State Employee Other Driver

STEP #3

Call your supervisor and/or risk coordinator.

Contact your supervisor immediately. Complete a Standard Liability Incident report and a Scope of Employment form and send to your agency risk coordinator upon return your office. Risk coordinators will contact state Risk Management immediately.

STEP #4

Record the facts of the incident.

DATE OF INCIDENT: _____

TIME: _____ A.M. or P.M.

LOCATION OF INCIDENT:

Describe the incident:

STEP #5

Facts about your vehicle.

Agency _____ Department _____

Driver's Name _____

Department Phone # _____

Make/Year _____ Tag No. _____

What part of vehicle is damaged?

STEP #6

Obtain facts about other vehicle.

Name _____ Phone No. _____

Address _____

Make/Year _____ Tag No. _____

Driver's License No. _____

Insurance Co. _____

Policy Number _____

What part of vehicle is damaged?

STEP #7

Obtain facts about injured person(s).

Attach additional page if necessary

Name _____ Age _____

Address _____ Phone No. _____

Injured Party:

In State Vehicle Pedestrian
 In Other Vehicle

(CONTINUE TO STEP #8)