



State of Oklahoma
Office of Management and Enterprise Services
Division of Capital Assets Management
Risk Management Department

Personal/Bodily Injury
Standard Liability Incident Report
(Non-Vehicle Injury)

DCAM-RISK MGMT P.O. BOX 53364

OKLAHOMA CITY, OKLAHOMA 73152

TEL: 405/521-4999 (24h), FAX: 405/522-4442

Claim Form Requested? Yes No

Claim Number _____

Incident Date: _____ Time: _____

Date of Agency Notification: _____

Location: _____

Address/Highway _____ City _____ State _____ County _____

Describe Incident:

Photos of accident scene and location need to be taken.

Was Employee Aware of Incident? Yes No

Claimant's Information:

Claimant's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code _____

Email Address: _____

Was the Claimant Injured? Yes No

Describe: _____

Name of Doctor or Hospital: _____

Agency Information

Agency Name: _____ Agency # _____ Phone: _____

Type of Employment: Full Time Temporary Volunteer Contract

Employee Name: _____ Job Title: _____

Div. or Dept. _____ Address: _____ Phone: _____

Witnesses:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

