

## 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](http://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)**