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)

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

ACCIDENT INFORMATION FORM

THIS FORM IS NOT TO BE GIVEN TO THE OTHER DRIVER

RM CARD IS TO BE GIVEN TO THE OTHER DRIVER

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

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. ____________________________

☐ In State Vehicle ☐ Pedestrian ☐ In Other Vehicle

Injured Party: ____________________________

(CONTINUE TO STEP #8)