

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 Division

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

TRI-FOLD

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 Tri-fold 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.

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 Division 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)