

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**



OKLAHOMA
Office of Management
& Enterprise Services

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**

<https://omes.ok.gov/services/risk-management>

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)