

## 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)**