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
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)