



Vehicle and Other Property Standard Liability Incident Report

OMES RISK MGMT P.O. BOX 53364

OKLAHOMA CITY, OKLAHOMA 73152

TEL: 405-521-4999 (24h), FAX: 405-522-4442

Claim number _____

Incident date _____ Time _____ Date of agency notification _____

Claim form requested? Yes No

Location

Address/Highway _____ City _____ State _____ County _____

Describe incident and, if vehicle is involved, draw diagram:

Photos of accident scene and location need to be taken.

Was employee aware of incident? Yes No

Non-state employee (other vehicle) information

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Was driver or passenger injured? Yes No

Describe _____

Name of doctor or hospital _____

Vehicle information _____
Year _____ Make _____ Model _____ License tag # _____

Where damaged: _____

Agency information

Agency name _____ Agency # _____ Phone _____

Type of employment Full-time Temporary Volunteer Contract

Driver or employee _____ Job Title _____

Div. or Dept. _____ Address _____ Phone _____

Owned By: Agency _____ OMES Fleet _____ Other _____ Make _____ Year _____

Model _____ Vehicle Tag # _____ Vehicle ID # _____ Last 4 Vehicle Vin # _____

Where damaged: _____

Witnesses/passenger

Name _____ Address _____ Phone _____

Non-vehicle personal property damage

Describe damaged property incident:

Personal property specifics

Description	Brand	Type	Serial Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

General questions

If state vehicle was involved in incident:

Was the vehicle involved in the accident in proper working order? Yes No

If no, explain _____

Was employee distracted in some way? (Cell phone, food, etc...) Yes No

If yes, explain _____

Was the employee issued a citation? Yes No If yes, why? _____

Was weather a factor in the incident? Yes No If yes, explain _____

If damage to property was done by equipment – gate, door, etc...:

Was damage due to equipment malfunction/breakage? Yes No

Who is responsible for maintenance? _____

How is it maintained? _____

Routine maintenance performed? Yes No If so, when? _____

Maintenance provided by _____ Contact information _____

What has been done to keep problem from reoccurring? _____

By signing this form you are attesting the information contained is accurate.

Employee signature

Date

Risk coordinator signature

Date

Employee name printed

Coordinator name printed