

## 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



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](http://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 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)