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 Division
P.O. Box 53364
Oklahoma City, OK 73152-3364
405-521-4999

STATE WIDE TOLL FREE
(Agency use only)

1-888-521-RISK (7475)

RM CARD IS TO BE GIVEN TO THE OTHER DRIVER

FORMS CAN BE FOUND ON THE RISK MANAGEMENT WEBSITE

www.ok.gov/DCS/Risk_Management/index.html

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 Division 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)