

**STEP 8**  
Get witnesses (if available).  
(Attach additional page if necessary.)

Name
Address
Phone

**STEP 9**  
Record facts about nonvehicular  
property damage.

Owner's name
Address
Phone
Property damaged
Nature of damage (brief)

Signature of employee
Date

**STATE OF OKLAHOMA**  
  
**Risk Management**  
P.O. Box 53364  
Oklahoma City, OK 73152-3364  
  
405-521-4999



**ACCIDENT  
INFORMATION  
FORM**

GIVE RM CARD TO THE  
OTHER DRIVER

**DO NOT GIVE THIS FORM  
TO THE OTHER DRIVER**

**STATEWIDE TOLL-FREE**  
(agency use only)

888-521-RISK (7475)

Forms can be found on the  
Risk Management website:  
[oklahoma.gov/omes/divisions/risk-assessment-compliance/risk-management/about](https://oklahoma.gov/omes/divisions/risk-assessment-compliance/risk-management/about)

RISK, ASSESSMENT AND COMPLIANCE  
2401 N. LINCOLN BLVD.  
OKLAHOMA CITY, OK 73105

**KEEP ACCIDENT INFORMATION FORM  
AND RM CARD IN GLOVE COMPARTMENT  
OF ALL STATE AND PERSONAL VEHICLES.**

## STEP 1

Assist the injured.

- Do not move injured individuals unless absolutely necessary.
- Do not tell injured party the state will accept responsibility for medical expenses.
- Take photos 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 OMES Risk Management or your agency's authorized legal counsel.

Notify OMES Risk Management within **seven days** of the accident.

## STEP 2

Call police or 911.

Give exact location and advise if medical help is needed. Write down the name and badge number of any assisting police officer.

Name
Badge #
Traffic citation issued to:  <input type="checkbox"/> State employee.  <input type="checkbox"/> 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 to your office.

Risk coordinators will contact OMES Risk Management immediately.

## STEP 4

Record the facts of the incident.

Date of incident	Time
Location of incident	
Description of incident	

## STEP 5

Provide facts about your vehicle.

Agency	
Driver's name	
Department name	Department phone
Make/year	Tag #
What part of vehicle is damaged?	

## STEP 6

Obtain facts about other vehicle.

Name	
Address	
Make/year	Tag #
Driver's license #	
Insurance company	
Policy #	
What part of vehicle is damaged?	

## STEP 7

Obtain facts about injured person(s).

(Attach additional page if necessary.)

Name	
Address	
Phone	Age
Injured party:  <input type="checkbox"/> In state vehicle.  <input type="checkbox"/> In other vehicle.  <input type="checkbox"/> Pedestrian.	

(CONTINUE TO STEP 8)