Vehicle Accident/Incident Report

Instructions: In case of an accident involving a state-owned vehicle, the driver of the vehicle will:

1. Report the accident promptly to a local law enforcement agency and obtain the report/case number.
2. Contact your supervisor and administrator of Fleet Management as soon as practical to report the accident.
   Fleet Management, 3400 MLK Ave, OKC, OK 73111
3. Within 24 hours of the accident, submit this completed and signed form to your supervisor.
   Submit this completed form, signed by your supervisor, to the ODOC Fleet Management office and Environmental Health and Safety Unit within 48hrs of the accident.

Agency/Dept. Location

Division/Region	Facility/Unit	Agency Number

Supervisor's Name (Print)	Phone Number ( )

Street Address	City	ZIP + 4

Location of the Accident

Street/Highway	Accident Date (mm/dd/yyyy)

City	County	State	Accident Time	☐ AM ☐ PM

State Vehicle Information

☐ **Fleet Veh**
☐ **Dept. Veh**

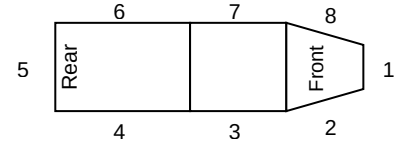
State Vehicle Owner Agency/Dept. Name	Reason for Vehicle Use

Year	Make/Model	Body Type	Mileage	Color

Fleet Number	Vehicle Identification Number	License Plate Number

Describe Parts Damaged

Circle numbered areas of vehicle damage.



Information on Driver of State Vehicle

Driver Name (Print)	☐ Driver Injured ☐ Wearing Seat Belt	Home Phone ( )	Work Phone ( )

Email Address	Date of Birth	Driver's License Number

Work Address	City	State	ZIP + 4

Home Address	City	State	ZIP + 4

Were There Passengers in This Vehicle? ☐ Yes ☐ No
If Yes, List Names: _____
_____

Injuries	Wearing Seat Belt
☐ Yes ☐ No	☐ Yes ☐ No
☐ Yes ☐ No	☐ Yes ☐ No

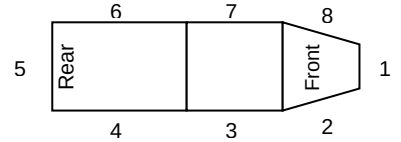
Other Party(s) Involved

(add additional sheets if more than one other party involved)

(Please indicate what type of property was damaged.)
☐ automobile
☐ fence
☐ building
☐ guard rail
☐ other _____

Describe Parts Damaged

If automobile, circle numbered areas of vehicle damage.



Property/Vehicle Owner (if different from driver)	Home Phone	Work Phone

Home Address	City	State	ZIP + 4

Year	Make/Model	Body Type	License Plate Number

Vehicle Identification Number	Insurance Company	Phone

Agent Name	Address

Driver Name	☐ Driver Injured ☐ Wearing Seatbelt	Home Phone	Work Phone

Home Address	City	State	ZIP + 4

Driver's License Number

Were there passengers in this vehicle? ☐ Yes ☐ No
If Yes, List Names: _____
_____

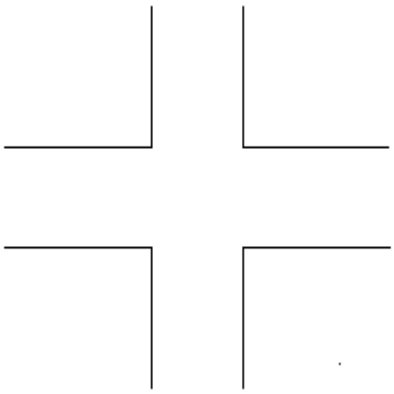
Injuries	Wearing Seat Belt
☐ Yes ☐ No	☐ Yes ☐ No
☐ Yes ☐ No	☐ Yes ☐ No

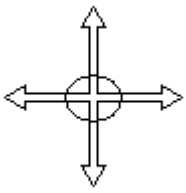
Was the accident investigated by a law enforcement agency? ☐ Yes ☐ No	Were photographs taken at the scene? ☐ Yes ☐ No	By whom?
Name of the Investigating Officer	Law Enforcement Agency Name	Case Number
Were citations issued? ☐ Yes ☐ No	To whom?	
Road Conditions ☐ Wet ☐ Dry ☐ Icy ☐ Other _____	Did the state vehicle have lights on? ☐ Yes ☐ No ☐ Bright ☐ Dim	Did the other vehicle have lights on? (if other vehicle involved) ☐ Yes ☐ No ☐ Bright ☐ Dim
At what speed were you (state vehicle) traveling?	At what speed was the other vehicle traveling?	Posted Speed Limit
What traffic controls were in effect?	For whom?	Who had the right of way?
What signals were given by you?	What signals were given by the other driver?	
What did you do to avoid the accident?	What did the other driver do to avoid the accident?	

Witness Information	Name of Witness		
	Home Address		Phone Number
	City	State	ZIP + 4

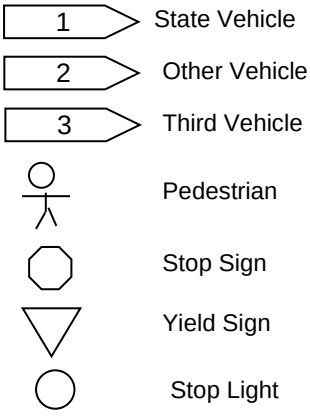
Driver Description of the Accident/Incident ☐ Attached sheets include additional description, witness and passenger information.

Please complete this diagram. Indicate names of streets, direction, position of vehicles and point of contact. Use a solid line to show path before the accident and a dotted line to show path after the accident.





Indicate North



As the driver of the state owned vehicle described in this report, I acknowledge that all information provided is true and accurate to the best of my knowledge.	**Scope of Employment Statement** As supervisor of this position, I affirm that the individual named driver was operating the vehicle within his or her authorized scope of employment at the time of the accident. ☐ Yes ☐ No
Signature of Driver (*Required*) Date (mm/dd/yyyy)	Signature of Supervisor (*Required*) Date (mm/dd/yyyy)

(R 08/22)