Vehicle and Other Property Standard Liability Incident Report

DCAM-RISK MGMT P.O. BOX 5	3364 OKLAHOM	A CITY, OK 73152 TE	L: 405/521-4999 (24h)), FAX: 405/522-4442	EMAIL: fdip@omes.ok.gov
				Claim Numb	per
Incident Date	ncident Date			Fire Dept Notificat	lion
Claim Form Requested	? 🗌 Yes	s 🗌 No			
Location					
Address/H	lighway		City	State	County
Describe Incident:					
	<u> </u>				
			and location nee	ed to be taken.	
Was Employee Aware O		Yes No			
Other Party's Information	on				
Name:					e:
Address:			City:	State	::Zip:
Was Claimant or Passen	ger Injured?	Yes 🗌 No			
Describe					
Name of Doctor or Hospi	tal:				
Vehicle Information:					
		Ma		Model	License Tag #
Where Damaged:					
Fire Department Informa					
Fire Dept Name					one
Type of Employment:					
Driver or Employee:					
Div. or Dept:					
Owned By: FD					
Model:				Vin #:	
Where Damaged:					
Witnesses/Passenger					
Name		Address			Phone
. <u> </u>					

Fire Department Insurance Program

Non-Vehicle Personal Property Dam	Non-Vehicle Personal Property Damage						
Describe damaged property incident:							
Personal Property Specifics Description	Brand	Туре	Serial Number				
Description	Brana	1900					
General Questions							
If a Fire Vehicle was involved in inci	dent:						
Was the vehicle involved in the accident in proper working order?							
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 o	equipment – gate, door,	etc:					
Was damage due to equipment malfur	nction/breakage?	es 🗌 No					
Who is responsible for maintenance?							
How is it maintained?							
Routine maintenance performed?] Yes 🗌 No 🛛 If so, wh	nen?					
Maintenance provided by:	aintenance provided by: Contact information						
What has been done to keep problem	from reoccurring?						
By signing this form you are attesting	ng the information conta	ined is accurate.					

Employee Signature	Date	Fire Chief Signature	Date
Employee Name Printed		Fire Chief Name Printed	