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)

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)

ACCIDENT INFORMATION FORM

THIS FORM IS NOT TO BE GIVEN TO THE OTHER DRIVER
RM CARD IS TO BE GIVEN TO THE OTHER DRIVER

FORMS CAN BE FOUND ON THE RISK MANAGEMENT WEBSITE
https://omes.ok.gov/services/risk-management

Keep accident information form 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.
- Take photographs of the scene including, but not limited to, area surrounding the accident and damage to vehicles involved.

**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.

**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 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. _____________________

**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

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<thead>
<tr>
<th>Name</th>
<th>Age</th>
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<th>Phone No.</th>
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**Injured Party:**
- [ ] In State Vehicle
- [ ] Pedestrian
- [ ] In Other Vehicle

(CONTINUE TO STEP #8)