**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)

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**STATE OF OKLAHOMA**

Risk Management
Department
P.O. Box 53364
Oklahoma City, OK 73152-3364
405-521-4999

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**STATE WIDE TOLL FREE**
(Agency use only)

1-888-521-RISK (7475)

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FORMS CAN BE FOUND ON THE RISK MANAGEMENT WEBSITE

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

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Keep Tri-fold and RM card in the glove compartment of all state and personal vehicles.

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DCAM/RISK MGMT - FORM 009 (08/2012)
**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 Department 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. __________________________

**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)