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)

FORMS CAN BE FOUND ON THE RISK MANAGEMENT WEBSITE
www.ok.gov/DCS/Risk_Management/index.html

TRI-FOLD
ACCIDENT INFORMATION FORM

THIS FORM IS NOT TO BE GIVEN TO THE OTHER DRIVER

RM CARD IS TO BE GIVEN TO THE OTHER DRIVER

Keep Tri-fold 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.

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   ☐ In Other Vehicle
☐ Pedestrian

(CONTINUE TO STEP #8)