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)

RM CARD IS TO BE GIVEN TO THE OTHER DRIVER

forms can be found on the risk management website
www.ok.gov/DCS/Risk_Management/index.html

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 ☐ Pedestrian ☐ In Other Vehicle

(CONTINUE TO STEP #8)