# STEP #7

#### Get witnesses (if available).

Attach additional page, if necessary

Name Phone no.

Address

Name Phone no.

Address

**STEP #8**

Record facts about other property damage.
(Non-vehicular)

Owner’s Name Phone No. Address

Property Damaged

Nature of Damage (be brief)

Property Damaged

Nature of Damage (be brief)

Call your supervisor and OSU RISK MANAGEMENT.

Contact your supervisor immediately. Report the accident to OSU Risk Management at 405-744-8589 or by email at accidentreport.okstate.edu ASAP



**Risk Management**

**618 N Monroe**

 **Stillwater, OK 74078**

**405-744-8589**

**TO REPORT AN ACCIDENT**

**Please call OSU**

**Risk Management**

**405-744-8589**

**OR**

**EMAIL**

**accidentreport@okstate.edu**

###### Please take pictures of both vehicles, including the tag numbers, as well as the accident scene and road conditions. It may be helpful to take a picture of the other party’s insurance verification card as well.

######  EMAIL the pictures to accidentreport@okstate.edu

**ACCIDENT INFORMATION FORM**

**Please obtain as much information as possible to aid you in completing the accident intake form**

**THIS FORM IS NOT TO BE GIVEN TO THE OTHER DRIVER**

**ACCIDENTS MUST BE REPORTED TO OSU RISK MANAGEMENT WITHIN 48 HOURS**

###### INCIDENT REPORTING IS FOUND ON THE RISK MANAGEMENT WEBSITE <https://adminfinance.okstate.edu/rpm/report-incident.html>

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.
* Take photographs of the scene including, but not limited to, area surrounding the accident and damage to vehicles involved.

#### 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 #:**

**Police Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Police Report Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Traffic Citation issued to:

[ ] State Employee [ ] Other Driver

A police report is required for any accident involving a vehicle being used for official University business.**STEP #3**

# Record the facts of the incident.

DATE OF INCIDENT:

TIME: A.M. or P.M.

LOCATION OF INCIDENT:

Describe the incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# STEP #4

#### Facts about your vehicle.

Agency Department

Driver’s Name

Department Phone #

 Make/Year Tag No.

What part of vehicle is damaged?

**STEP #5**

Obtain facts about other vehicle/Driver. If possible, take picture of insurance card.

Name Phone No.

Address

Make/Model/Year Tag No.

Driver’s License No. and state

Insurance Co.

Policy Number

What part of vehicle is damaged?

**STEP #6**

Obtain facts about injured person(s).

Attach additional page if necessary

Name Age

Address Phone No.

Injured Party was:

[ ] In State Vehicle [ ]  a Pedestrian
[ ] In Other Vehicle



**IN CASE OF ACCIDENT CARD**

HOW TO USE THE CARDS

A card should be placed in every vehicle that is driven on state business (state or privately owned). Recommendation: Keep this *In Case of Accident Card* with the *Tri-Fold Accident Form* in the glove box.

If involved in or a witness to an accident:

Call 9-1-1 or local police

* Assist the injured
* Fill out the *Tri-Fold Accident Form if this is a Motor Vehicle accident*

# Fill in your agency name and your name on the back of the card

* *Give the card to the other driver, or to an injured person if not a motor vehicle accident*
* Use the Tri-Fold Accident Form to fill out the online incident report at (link)

# Do not admit fault, or make statements regarding conditions

* Notify your supervisor and OSU Risk Management with the information on the tri-fold accident

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recording form

Fold

Name of Employee

*If you are provided this card at the scene of an accident and wish to file a claim, contact Risk Management to initiate the claim filing process.*

Agency Involved

**State of Oklahoma**

*In case of accident contact:*

Risk Management Department (405) 521-4999

 OKLAHOMA STATE UNIVERSITY-010