# 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)

Signature of Employee Date

**Oklahoma State University**

**Risk Management**

**618 N Monroe**

 **Stillwater, OK 74078**

**405-744-8589**



**Please call OSU Risk Management at**

**405-744-8589**

###### INCIDENT REPORTING AND SCOPE OF EMPLOYMENT FORMS CAN BE FOUND ON THE RISK MANAGEMENT WEBSITE <https://adminfinance.okstate.edu/rpm/risk-management/index.html>

**accidentreport@okstate.edu**



**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 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.

#### 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

A police report is required for any accident

**STEP #3**

Call your supervisor and/or risk coordinator.

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

# 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.

What part of vehicle is damaged?

**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)