



State of Oklahoma
Office of Management and Enterprise Services
Division of Capital Assets Management
Risk Management Department

Vehicle and Other Property
Standard Liability Incident Report

DCAM-RISK MGMT P.O. BOX 53364

OKLAHOMA CITY, OKLAHOMA 73152

TEL: 405/521-4999 (24h), FAX: 405/522-4442

Claim Number _____

Incident Date _____ Time: _____ Date of agency notification _____

Claim Form Requested? Yes No

Location

_____ Address/Highway _____ City _____ State _____ County _____

Describe incident and if vehicle is involved draw diagram:

Photos of accident scene and location need to be taken.

Was Employee Aware Of Incident? Yes No

Claimant's Information

Claimant's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Was Claimant or Passenger Injured? Yes No

Describe _____

Name of Doctor or Hospital: _____

Claimant' Vehicle: _____
 Year _____ Make _____ Model _____ License Tag # _____

Where Damaged: _____

Agency Information

Agency Name _____ Agency # _____ Phone _____

Type of Employment: Full Time Temporary Volunteer Contract

Driver or Employee: _____ Job Title: _____

Div. or Dept: _____ Address: _____ Phone: _____

Owned By: State _____ Other _____ Make _____ Year _____

Model: _____ Vehicle Tag #: _____ Vehicle #: _____

Where Damaged: _____

Witnesses/Passenger

Name _____ Address _____ Phone _____

Non-Vehicle Personal Property Damage

Claim number

Describe damaged property incident:

Personal Property Specifics

Description	Brand	Type	Serial Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

General Questions

If state vehicle was involved in incident:

Was the vehicle involved in the accident in proper working order? Yes No
 If no, explain: _____

Was employee distracted in some way? (Cell phone, food, etc...) Yes No
 If yes, explain: _____

Was the employee issued a citation? Yes No If yes, why? _____

Was weather a factor in the incident? Yes No If yes, explain: _____

If damage to property was done by equipment – gate, door, etc.:

Was damage due to equipment malfunction/breakage? Yes No

Who is responsible for maintenance? _____

How is it maintained? _____

Routine maintenance performed? Yes No If so, when? _____

Maintenance provided by: _____ Contact information: _____

What has been done to keep problem from reoccurring? _____

By signing this form you are attesting the information contained is accurate.

_____ Employee Signature	_____ Date	_____ Risk Coordinator Signature	_____ Date
_____ Employee Name Printed		_____ Coordinator Name Printed	