



# Vehicle and Other Property Standard Liability Incident Report

OMES 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

**Non-state employee (other vehicle) information**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Was driver or passenger injured?  Yes  No

Describe \_\_\_\_\_

Name of doctor or hospital \_\_\_\_\_

Vehicle information \_\_\_\_\_  
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: Agency \_\_\_\_\_ OMES Fleet \_\_\_\_\_ Other \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_

Model \_\_\_\_\_ Vehicle Tag # \_\_\_\_\_ Vehicle ID # \_\_\_\_\_ Last 4 Vehicle Vin # \_\_\_\_\_

Where damaged: \_\_\_\_\_

**Witnesses/passenger**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Non-vehicle personal property damage**

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