



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

Reporting Procedures
for 3rd Party Incident/Accident

DCAM-RISK MGMT P.O. BOX 53364

OKLAHOMA CITY, OKLAHOMA 73152

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

1. **Agency Risk Coordinator:** Reporting procedures are the **DIRECT RESPONSIBILITY** of the Agency Risk Coordinator who must ensure the proper forms and information are provided by the State employee involved in an incident/accident. We encourage you to make copies of these procedures, the Standard Liability Incident Report (DCAM/Risk Mgmt Form 001) and Scope of Employment form (DCAM/Risk Mgmt Form 002) and distribute to any satellite locations responsible for providing incident reports to you. Be sure an Employee Guide for Vehicular Accidents (tri-fold pamphlet) is placed in the glove compartment of all state vehicles and personal vehicles being used by state employees while acting within the scope of their employment.
2. **Employee:** Anytime there is contact with the public concerning an accident or incident, an **EMPLOYEE** must follow the steps listed below. **NOTE:** ALL forms must be filled out by the employee, not the claimant.
 - Step 1: Assess the injured and provide reasonable assistance if it is apparent that such treatment is necessary. Obtain permission from the claimant prior to assisting with their injuries. Do NOT suggest that the state will pay for any emergency or medical services rendered.
 - Step 2: In the case of a vehicle accident, call the police, regardless of who's at fault. Always try to obtain a police report.
 - Step 3: Fill out an Accident Information Form (DCAM/Risk Mgmt Form 009) located in the glove compartment of the vehicle.
 - Step 4: Located in the glove compartment of the vehicle is the RM "In Case of an Accident" card, which is to be given to the third party involved. If the third party wishes to file a claim, contact Risk Management to initiate the claim filing process.
 - Step 5: Provide the address and telephone number of Risk Management to the claimant. There should not be any statement made by "ANYONE" to the claimant, or anyone else, as to guilt or negligence on anyone's part.
 - Step 6: Report the incident/accident to your supervisor as soon as possible.
 - Step 7: Complete a Standard Liability Incident Report (DCAM/Risk Mgmt Form 001)
 - Step 8: Complete a Scope of Employment form (Risk Mgmt – Form 002). **NOTE:** This form must be signed by both the employee and the employee's supervisor.
 - Step 9: Send completed copies to DCAM, Risk Management Department. Do not wait for notification of a claim from Risk Management before sending the Incident Report and Scope of Employment forms.

3. Standard Liability Incident Report - General Instructions

3.1. A Standard Liability Incident Report must be completed and provide the following information regardless of the type of incident/accident. Any additional information required by these instructions may be listed on a separate page. We suggest this Report be filled out immediately and statements taken from all employees and/or witnesses involved ensuring details are not forgotten as time passes.

3.2. WHO

- Claimant's name, address, phone number
- Who at your agency was involved: agency name, employee name, position, phone number, etc.
- Check the appropriate box showing whether the claimant is requesting a claim form or not. Claims are not automatically filed. If neither box is checked, a claim form will not be sent to the claimant.

If a State employee is directly involved in an incident/accident, a Scope of Employment form must be completed, signed by the employee and their supervisor, and also submitted to Risk Management.

3.3. WHAT (happened to the claimant)

3.3.1. Personal Injury For slip and falls, find out the following:

- How the claimant was dressed, type of shoes, approximate weight, etc.
- What they were carrying and how much, e.g. arms full; couldn't see where stepping; etc.
- Where the claimant was injured (i.e. left leg, right knee, neck, lower back, etc).
- Total over-all appearance of claimant and area of incident.
- Get pictures, if possible.
- Obtain police report, if applicable.

3.3.2. Vehicle Damage

- Describe area of damage, e.g. left front fender; passenger side taillight; right door etc.
- Describe the condition of the vehicle and note any possible pre-existing damage.
- Get pictures, if possible.
- Obtain police report

3.3.3. Personal Property Damage - Get a description of the property and note the prior condition of the property, if possible.

3.4. WHEN – Date and time of the incident/accident

3.5. WHERE – The exact location of the incident. Pictures of the site are very beneficial, especially for slip and fall incidents.

3.6. WHY

- Was there something that caused the incident/accident and, if so, what exactly was it? (e.g. broken sidewalk, stairs, etc.)
- Was there something on the sidewalk, stairs, roadway, etc.? If so, what or who put it there?
- Was someone at the agency aware of it?
- Was it something we did or did not do? Or something we should have done?
- Were safety procedures being followed?
- If we were aware of it, what were we doing about it?
- Did we respond in a timely manner?
- What were the weather conditions, if applicable?

4. Miscellaneous Information

4.1. Do not, under any circumstances, accept documents, estimates, etc. from the claimant. This may lead the claimant to believe that they have already filed a claim and only creates confusion for the claimant.

4.2. Injuries to a state employee primarily do not constitute a tort claim. It is more likely to be a Workers' Compensation claim.

5. Contact Information

If you have any questions, problems or require additional information, please contact:

DCAM, Risk Management Department

Will Rogers Office Building (2401 N. Lincoln),
Suite 202; P.O. Box 53364
Oklahoma City, Oklahoma 73152-3364
Phone: (405) 521-4999 Fax: (405) 522-4442
Office Hours are 8:00 a.m. to 5:00 p.m. M-F
24 Hour answering service: (405) 521-4999

Staff on call 24 hours a day, seven days a week
by paging:

(405) 834-3423 or (405) 850-7576

E-mail Risk Management Director:

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