



Date: January 26, 2017

Verification of Liability Insurance:

This is to confirm that all State of Oklahoma agencies, colleges, and universities and their employees are provided with liability coverage through a self-insurance pool administered by the Office of Management and Enterprise Services' (OMES) Risk Management Department under authority of 74 O.S. § 85.58A. Coverage under this program corresponds with the Oklahoma Governmental Tort Claims Act (GTCA)—51 O.S. § 151, et seq.

The State of Oklahoma enjoys sovereign immunity and waives its immunity only to the extent specified in the GTCA or any other statute if such statute legally raises the limits of liability above those stated in the GTCA.

Coverage under the OMES Risk Management Program is perpetual until otherwise notified. You should contact the Risk Management Department if you have any questions.



Gene B. Lidyard
Director, Risk Management Department
Office of Management and Enterprise Services

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 an accident:

- o Call 9-1-1 or local police
- o Assist the injured
- o Fill out the *Tri-Fold Accident Form*
- o Fill in your agency name and your name on the back of the card
- o Give the card to the other driver
- o Only give the *Tri-Fold Accident Form* to your supervisor
- o Do not admit fault
- o Notify your supervisor

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Fold

 <p><i>In case of accident contact:</i> Risk Management Department (405) 521-4999</p>	<hr/> <p>Agency Involved</p>
	<hr/> <p>Name of Employee</p>
<p>STATE OF OKLAHOMA</p>	
<p><i>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.</i></p>	

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.

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

STEP #3

Call your Supervisor and/or Risk Coordinator

Contact your supervisor immediately. Complete a Standard Liability Incident report and a Scope of Employment form and send to your agency Risk Coordinator upon return your office.

Risk Coordinators will contact State Risk Management immediately.

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)

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

STATE OF OKLAHOMA

**Risk Management
Department
P.O. Box 53364
Oklahoma City, OK 73152-3364
405-521-4999**



**STATE WIDE TOLL FREE
(Agency use only)**

1-888-521-RISK (7475)

**FORMS CAN BE FOUND ON THE RISK
MANAGEMENT WEBSITE**

www.ok.gov/DCS/Risk_Management/index.html

TRI-FOLD

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 Tri-fold and RM card in the glove
compartment of all state and personal vehicles.