

STEP 8

Get Witness Contact Information

Name _____

Phone Number _____

Address _____

Name _____

Phone Number _____

Address _____

STEP 9

Non-Vehicle damages

Owner's Name _____

Address _____

Property Damaged _____

How Damaged _____

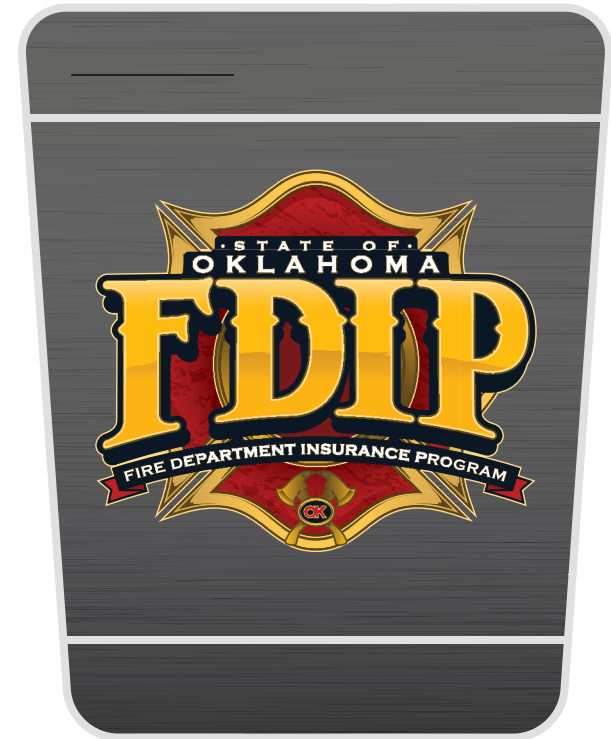
Signature of Fire Employee

*Keep this Accident Form
and the In Case of
Accident Card in the glove
compartment of all fire
department and fire
personnel personal
vehicles.*

Risk Management Department
P.O. Box 53364
Oklahoma City, OK 73152-3364
(405) 521-4999
(888) 521-RISK (7475)

FDIP@omes.ok.gov

Forms are located on FDIP.OK.gov



ACCIDENT FORM

This form is *NOT* to be
given to the other driver

The *In Case of Accident Card* is
to be given to the other driver

STEP 1

Assist the Injured

- Do not move injured individuals unless absolutely necessary.
- Do not tell the injured part 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 Fire Departments' authorized legal counsel.

STEP 2

Call 9-1-1 (Police)

- 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 Number

Traffic Citation issued to:

Fire Employee
Other Driver

STEP 3

Call your Fire Chief and/or Supervisor

Upon return to the Fire Station:

- Complete a Standard Incident Report, Scope of Employment; give to Fire Chief for signature
- Fire Chief will contact State Risk Management immediately.

STEP 4

Date of Incident ____/____/____
MM DD YYYY

Time ____ ☐ AM ☐ PM

Location _____

Describe incident _____

STEP 5

Fire Department/Vehicle Information

FD Name _____

Driver's Name _____

FD License # _____

FD phone # _____

Vehicle Year/Make _____

Vehicle Tag # _____

Vehicle Damage _____

STEP 6

Other Person/Vehicle Information

Name _____

Address _____

Phone # _____

Driver's License # _____

Insurance Company _____

Insurance Policy # _____

Tag # _____

Year/Make _____

Vehicle Damage _____

STEP 7

Injured Person Information

Name _____

Age _____

Address _____

Injured Party:

- ☐ In Fire Vehicle
☐ Pedestrian
☐ In Other Vehicle

Continue to Step 8

