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

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In case of accident contact:
Risk Management Department
(405) 521-4999

Agency Involved

Name of Employee

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.

STATE OF OKLAHOMA
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. ______________________

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)

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

SIGNATURE OF EMPLOYEE ___________ DATE ___________

DCAM/RISK MGMT - FORM 309 (08/2012)