



Vehicle and Other Property Standard Liability Incident Report

DCAM-RISK MGMT P.O. BOX 53364 OKLAHOMA CITY, OK 73152 TEL: 405/521-4999 (24h), FAX: 405/522-4442 EMAIL: fdip@omes.ok.gov

Claim Number _____

Incident Date _____ Time: _____ Date of Fire Dept Notification _____

Claim Form Requested? [] Yes [] No

Location

Address/Highway _____ City _____ State _____ County _____

Describe Incident: _____

Photos of accident scene and location need to be taken.

Was Employee Aware Of Incident? [] Yes [] No

Claimant's Information

Claimant's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Was Claimant or Passenger Injured? [] Yes [] No

Describe _____

Name of Doctor or Hospital: _____

Claimant' Vehicle: _____ Year _____ Make _____ Model _____ License Tag # _____

Where Damaged: _____

Fire Department Information

Fire Dept Name _____ Fire Dept # _____ Phone _____

Type of Employment: [] Full Time [] Temporary [] Volunteer [] Contract

Driver or Employee: _____ Job Title: _____

Div. or Dept: _____ Address: _____ Phone: _____

Owned By: State _____ Other _____ Make _____ Year _____

Model: _____ Vehicle Tag #: _____ Vehicle #: _____

Where Damaged: _____

Witnesses/Passenger

Name _____ Address _____ Phone _____
