



Fire Department
Insurance Program

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 and if vehicle is involved draw diagram:

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's 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 _____

Non-Vehicle Personal Property Damage

Describe or provide a diagram damaged property incident:

Personal Property Specifics

Description	Brand	Type	Serial Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

General Questions

If a Fire Vehicle was involved in incident:

Was the vehicle involved in the accident in proper working order? Yes No
 If no, explain: _____

Was employee distracted in some way? (Cell phone, food, etc....) Yes No
 If yes, explain: _____

Was the employee issued a citation? Yes No If yes, why? _____

Was weather a factor in the incident? Yes No If yes, explain: _____

If damage to property was done by equipment – gate, door, etc....:

Was damage due to equipment malfunction/breakage? Yes No
 Who is responsible for maintenance? _____
 How is it maintained? _____

Routine maintenance performed? Yes No If so, when? _____

Maintenance provided by: _____ Contact information _____

What has been done to keep problem from reoccurring? _____

By signing this form you are attesting the information contained is accurate.

_____	_____	_____	_____
Employee Signature	Date	Fire Chief Signature	Date
_____	_____	_____	_____
Employee Name Printed		Fire Chief Name Printed	