Facilities Management University Vehicle Procedure

1. An employee may not drive a University vehicle until they have attended the Facilities Management New Employee Orientation
   - Employee must know the following:
     - Driving on campus cautions
     - Parking on campus information
     - What to do if involved in an accident

2. All vehicles must have the Accident Information Form Tri-Fold and Risk Management Division card in the glove compartment

3. If an employee has an accident in a University vehicle, the following must take place:
   1. Contact OSU Police Department at (405) 744-6523 or 911
   2. Assist the injured
   3. Refer to and fill out the Accident Information Form Tri-Fold (provide the completed form to your supervisor)
   4. Contact supervisor
   5. Record the facts of the accident (date, time, location, description of accident)
   6. Obtain facts about the other vehicle (name, address, make/year, driver’s license number, insurance company, policy number, what part of vehicle is damaged)
   7. Gather witnesses name and address if available
   8. Record facts about other property damage
   9. Provide Risk Management Division card to the other driver (fill out agency name: OSU and your name on the back of the card)
   10. Fill out a Scope of Employment form and provide to your supervisor (supervisor will provide to OSU Risk Management)

4. If an employee caused an accident (at fault and caused personal injury and/or property damage), a Motor Vehicle Improvement (MVI) course must be attended on their own time (off the clock) within six months of the date of the accident. The following Defensive Driver Training (free online course) satisfies the MVI course requirement:

5. If an employee has a second at fault accident within a 24-month period, he/she is declared uninsurable for a period of three months following the second accident. This is in accordance with Office of Management and Enterprises Services Administrative Rules concerning the insurability of OSU employees while driving a vehicle as an agent of the state.

Failure to comply with these procedures or a failure to meet the driving requirements of the position may result in disciplinary action up to and including termination. Failure to complete an approved MVI course will result in the employee being declared uninsurable by the State Risk Management Administrator until such time the employee successfully completes the required course.

University Policy:
- 3-0161 Vehicle Liability Insurance Coverage
  [https://stw.sp.okstate.edu/policies/Shared%20Documents/Vehicle%20Liability%20Insurance%20Coverage.pdf](https://stw.sp.okstate.edu/policies/Shared%20Documents/Vehicle%20Liability%20Insurance%20Coverage.pdf)
- 3-0160 Transportation Services Motor Pool/Motor Vehicle Service Station
- 3-0720 Corrective Actions and Dismissals for Staff
  [https://stw.sp.okstate.edu/policies/Shared%20Documents/Corrective%20Actions%20and%20Dismissals%20for%2 0%20Staff.pdf](https://stw.sp.okstate.edu/policies/Shared%20Documents/Corrective%20Actions%20and%20Dismissals%20for%20%20Staff.pdf)
**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. Risks 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.

[ ] 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 OF OKLAHOMA
Risk Management
Department
P.O. Box 53364
Oklahoma City, OK 73152-3364
405-521-4999

TRI-FOLD
ACCIDENT
INFORMATION
FORM

THIS FORM IS NOT TO BE GIVEN TO THE OTHER DRIVER

STATE WIDE TOLL FREE
(Agency use only)
1-888-521-RISK (7475)

RM CARD IS TO BE GIVEN TO THE OTHER DRIVER

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 009 (08/2012)

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

This publication is issued by the Office of Management and Enterprise Services as authorized by Title 62, Section 94. Copies have not been printed but are available through the agency website. This work is licensed under a Creative Attribution-NonCommercial-NoDerive 3.0 Unported License.

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
Incident Date ________________ Time ________________ Claim No (DCAM use only): ________________

Employee Name ____________________________________________ Job Title: ______________________

State Agency Name ____________________________________________ Agency Number ______

Division or Dept ____________________________________________ Phone ______

Address ____________________________________________ City __________ State ______ Zip ______

Type of Employment:  □ Full Time  □ Temporary  □ Volunteer  □ Contract

Who Authorized This Specific Duty? ________________________________

Was employee aware of incident?  □ Yes  □ No

Please describe in detail what specific duty was being performed at the time of the incident.

__________________________________________________________

Employee Signature

Employee Name Printed

Date

Supervisor Signature

Supervisor Name Printed

Date