

## 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:
  - <http://dgs.ca.gov/orim/programs/ddtonlinetraining.aspx>
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>
- 3-0160 Transportation Services Motor Pool/Motor Vehicle Service Station  
<https://stw.sp.okstate.edu/policies/Shared%20Documents/Transportation%20Services%20Motor%20Pool%20and%20Motor%20Vehicle%20Service%20Station.pdf>
- 3-0720 Corrective Actions and Dismissals for Staff  
<https://stw.sp.okstate.edu/policies/Shared%20Documents/Corrective%20Actions%20and%20Dismissals%20for%200%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.

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. \_\_\_\_\_

What part of vehicle is damaged? \_\_\_\_\_

## 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)

\_\_\_\_\_  
Signature of Employee Date

## STATE OF OKLAHOMA

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



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](http://www.ok.gov/DCS/Risk_Management/index.html)

## TRI-FOLD

## ACCIDENT INFORMATION FORM

THIS FORM IS NOT  
TO BE GIVEN TO  
THE OTHER DRIVER



RM CARD IS TO BE GIVEN  
TO THE OTHER DRIVER

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

# IN CASE OF ACCIDENT CARD

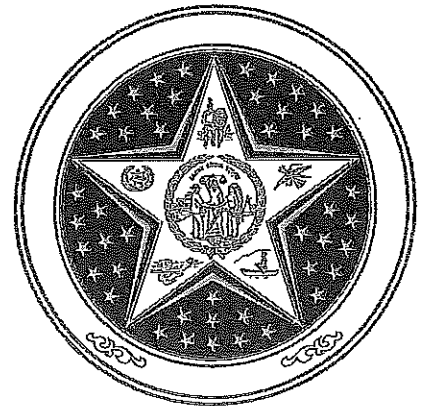
## HOW TO USE THE CARDS

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:

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

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Fold



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

Agency Involved

Name of Employee

STATE OF OKLAHOMA

*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  
 Office of Management and Enterprise Services  
 Division of Capital Assets Management  
 Risk Management Department

Scope of Employment

DCAM-RISK MGMT P.O. BOX 53364

OKLAHOMA CITY, OKLAHOMA 73152

TEL: 405/521-4999, FAX: 405/522-4442

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

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Employee Name Printed

\_\_\_\_\_  
 Supervisor Name Printed

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date