



State of Oklahoma
Office of Management and Enterprise Services
Division of Capital Assets Management
Risk Management Department

Personal/Bodily Injury
Standard Liability Incident Report
(Non-Vehicle Injury)

DCAM-RISK MGMT P.O. BOX 53364

OKLAHOMA CITY, OKLAHOMA 73152

TEL: 405/521-4999 (24h), FAX: 405/522-4442

Claim Form Requested? ☐ Yes ☐ No

Claim Number _____

Incident Date: _____ Time: _____

Date of Agency Notification: _____

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 Code _____

Email Address: _____

Was the Claimant Injured? ☐ Yes ☐ No

Describe: _____

Name of Doctor or Hospital: _____

Agency Information

Agency Name: _____ Agency # _____ Phone: _____

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

Employee Name: _____ Job Title: _____

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

Witnesses:

Name

Address

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

Slip and Fall

Was the person distracted? ☐ Yes ☐ No If so, by what? _____

How did the person fall? ☐ Forward ☐ Backward ☐ Other _____

What part(s) of the body was injured? _____

Was the person talking to someone? ☐ Yes ☐ No Were there children present? ☐ Yes ☐ No

Was the person a client of the place where the incident occurred? ☐ Yes ☐ No

Was the surface wet, oily, dirty, slippery, etc.? ☐ Wet ☐ Oily ☐ Slippery ☐ Dirty ☐ Other _____

Were danger or caution signs posted? ☐ Yes ☐ No If so, what? _____

Was there a transition in walkway surfaces, or any tripping hazards? If so, explain _____

Was weather (rain/snow) a factor in the incident? If so, describe _____

Was site cleanup needed? (spill, dirt, etc.)? ☐ Yes ☐ No Describe _____

How long after first notice was incident cleaned up? _____

Type of footwear worn? ☐ athletic shoes ☐ sandals ☐ high heels ☐ flats ☐ other _____

Type of material of shoe heel? ☐ rubber ☐ leather ☐ synthetic ☐ other _____

Did footwear contribute to the fall? ☐ Yes ☐ No Explain _____

Machinery Incidents

Was injury due to machinery? ☐ Yes ☐ No If so, who was operating? _____

What type of machinery was involved in the incident? _____

Policy/procedure regarding operation of machinery? ☐ Yes ☐ No Operator trained? ☐ Yes ☐ No

Machinery last service date? _____ Machinery last safety inspection? _____

Were safety features in place? (guards, chains etc?) ☐ Yes ☐ No Explain _____

General Questions

Type of terrain? (i.e. flat, hilly, grassy gravel?) _____

Area inspected/cleared of debris and safety hazards? _____

Did you speak to a witness? ☐ Yes ☐ No If so, what was said? _____

Was assistance provided? ☐ Yes ☐ No If so, what? by whom? _____

Was any non-medical personnel called to accident site? If so, who? _____

Was the incident reported to local authority? ☐ Yes ☐ No If so, provide police report. _____

Attach additional sheet, if needed

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

Employee Signature Date Risk Coordinator Signature Date

Employee Name Printed Coordinator Name Printed