

Oklahoma Fire Districts Liability Self-Insurance Program Available to Authorized Fire Departments Only

Auto Liability

General Information
&
Claims Procedures



2007-2008

State of Oklahoma
Department of Central Services
Risk Management Division

Department of Central Services Risk Management Division

Office Hours: Monday thru Friday - 8:00 a.m. to 5:00 p.m.
24 hour answering service available for emergencies

2401 N. Lincoln Blvd., Suite 202
Oklahoma City, OK 73105

P. O. Box 53364
Oklahoma City, OK 73152-3364

(405) 521-4999 ♦ (888) 521-RISK (7475)
FAX: (405) 522-4442

Contacts:

Cathye Vester, Fire Program Coordinator

Email address: Cathye_Vester@dcs.state.ok.us

Theresa Howell, Fire Program Manager

Email address: Theresa_Howell@dcs.state.ok.us

- Auto & General Liability Programs
- Property & Auto Physical Damage Programs

Mary E. Herrera, Claims Specialist

Email address: Mary_Herrera@dcs.state.ok.us

- Claims Investigations

Nancy Westbrook, Claims Manager

Email address: Nancy_Westbrook@dcs.state.ok.us

Steven Pancoast, Risk Control Consultant

Email address: Steven_Pancoast@dcs.state.ok.us

- Building Inspections
- Safety Consultant
- Loss Prevention

Jack Roberts, Risk Control Manager

Email address: Jack_Roberts@dcs.state.ok.us

This publication, printed by Central Printing Division of the Department of Central Services, issued by the Risk Management Division of Department of Central Services. (1000) One Thousand copies have been prepared at a cost of \$1783.35. Copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries. [74 O.S., §3105(B)]

Oklahoma Fire Districts Auto Liability Self-Insurance Program

This packet includes information on:

Section I. Auto Liability Program

- Fire District Program Participation Eligibility..... 5
- Fee/Limits Schedule..... 6
- Auto Liability Terms and Conditions..... 7-8
- Auto Liability Participation Criteria..... 9
- Reporting a Vehicle..... 10
- Driver Road Test Record..... 11
- Driver Road Test Signature Page Form..... 12
- Driver's Fire Vehicle Road Test Record Form..... 13

Section II. Claims Procedures

- Third Party Incident/Accident Reporting Procedure..... 15-17
- Standard Liability Incident Report (DCS-Risk Mgmt - Form 1)..... 18-19
- Scope of Employment (DCS-Risk Mgmt - Form 2)..... 20

Section III. Other Programs Authorized under Risk Management

- General Liability Program..... 22
- Property Insurance Coverage..... 22
- Auto Physical Damage Insurance Coverage..... 22

Oklahoma Fire Districts Auto Liability Self-Insurance Program

Section I

Auto Liability Program



The State Risk Management Administrator may obtain or provide protection for certain fire protection organizations against third party claims brought against a participating organization for negligent acts, pursuant to Title 74, Sections 85.58A & 85.58B of the Oklahoma Statutes. The following fire protection organizations are eligible to participate:

1. Fire protection districts organized and operated pursuant to the provisions of Title 19 Sections 901.1 through 901.29 of the Oklahoma Statutes;
2. Volunteer or full-time fire departments established pursuant to Title 18 Section 592 of the Oklahoma Statutes;
3. Municipal fire departments organized and operated pursuant to the provisions of Title 11 Sections 29-101 through 29-108, and Sections 29-201 through 29-205 of the Oklahoma Statutes;
4. Fire protection services established pursuant to the provisions of Title 19 Section 351 of the Oklahoma Statutes; and
5. Rural fire coordinators employed by substate planning districts acting pursuant to rural fire defense programs.



This is only a program summary of the fee/limits schedule of the Fire District Auto Liability Self-Insurance Program being made available under the "Governmental Tort Claims Act" (GTCA), Title 51 O. S. § 151 et seq, and Title 74 O. S. § 85.58 et seq, which govern this program.

AUTO LIABILITY PROGRAM SUMMARY

Cost: \$37.00 Per Vehicle – Only vehicles scheduled with Risk Management have coverage.

The GTCA pertains only to fire district personnel operating fire district vehicles while they are in the scope of their duties for a fire district. This program provides protection against third party claims brought against a fire district for negligent acts while fire district personnel are operating the fire vehicle.

Limits are set by the GTCA as follows:

\$125,000 per claimant for personal injury

\$25,000 per claim for property damage

\$1,000,000 total for all claims arising out of a single occurrence or event

All fire district personnel operating a fire district vehicle shall be properly trained and tested on the operation of any vehicle to be operated. A driver's road test record must be completed and submitted annually to Risk Management by December 31st.

Any fire district failing to comply with the required driver training and documentation procedures will be subject to an allocation surcharge, or any action necessary, including disqualification from participation in this program.



**State of Oklahoma
Department of Central Services
Risk Management**

**Fire District Auto Liability
Self-Insurance Program
Terms and Conditions**

The "Governmental Tort Claims Act" (GTCA), Title 51 O. S. § 151, et seq, and Title 74 O. S. § 85.58 et seq., govern this program.

I. AUTO LIABILITY COVERAGE DEFINITIONS

- A Accident means a distinctive event that takes place by some unexpected happening, date of which can be fixed with certainty.
- B Claim means any written demand presented by a claimant or his/her authorized representative in accordance with this act to recover money from the state or political subdivision as compensation for an act of omission of a political subdivision or the State or an employee.
- C Covered Vehicles means motor vehicles, or vessels in the care, custody, and control of participating fire organizations owned by U.S.D.A. Forest Service, the fire department, City or County that have been properly reported to Risk Management for participation in the program. No personal vehicles are covered under Risk Management programs. If participant acquires a new vehicle, it must be reported immediately to Risk Management to effect coverage; coverage does not begin until vehicle has been reported to Risk Management.
- D Eligible Organizations means fire departments and/or districts as allowed pursuant to Title 74 O. S. § 85.58B.
- E Employee/Employment means, for the intent of this program, coverage is extended to include volunteers and full time employees. The volunteer is one who is enrolled as a member of a fire department and who serves in said capacity without receiving a regular salary.
- F Participant means eligible organizations approved by Risk Management.
- G Program Administrator means the Risk Management (RM) Division of the Department of Central Services, an agency of the State of Oklahoma.
- H Scope and Authority of Work means work that is directly related to fire protection, rescue or emergency medical assistance and performed by an employee or volunteer acting in good faith within the duties of his/her office.
- I Third Party means belonging to another, other than the participating organization employees, and their immediate families.
- J Tort means a legal wrong, independent of contract, involving violation of a duty imposed by general law or otherwise, resulting in a loss to any person, association or corporation as the proximate result of an act or omission of a political subdivision, the State, or an employee acting within the scope of employment.

II. REQUIREMENTS FOR PROGRAM PARTICIPATION TO BE EFFECTIVE

- A An application must be completed by eligible fire organization(s) wishing to begin participation in this program. Coverage only begins once Risk Management approves the application.
- B Upon approval, Risk Management will invoice the participating organization for the participation fee amount. Participation fee is due to Risk Management no later than 30 days from the date of invoice receipt. Failure to receive payment within 30 days will constitute rejection in program participation.

III. WHO IS COVERED

- A Any person authorized by the fire chief or his/her designee of a participating organization to drive a covered vehicle and who:
 - 1 is thoroughly trained and tested to operate the vehicle,
 - 2 is acting in the scope of his/her authority,
 - 3 is listed as a fire member on the current Driver Road Test Signature page on file with Risk Management,
 - 4 is at least 18 years of age, and
 - 5 has a valid Oklahoma Class D driver license.
- B The participating fire department must maintain on file original, signed and dated Drivers Fire Vehicle Road Test Record for a period of three (3) years.

IV. VEHICLE LIABILITY COVERAGE

- A In consideration of receipt by RM of participation fee, the Risk Management Division of the Department of Central Services will pay claims brought against participating fire districts by a third party if all criteria of this program are met and if:
 - 1 Participant is determined to be negligent and responsible for causing the accident while acting within the scope and authority of work, but only to the extent stated in the GTCA;
 - 2 The claim is brought as a direct result of the use of a covered vehicle and only while being operated by a qualified driver;
 - 3 The participating organization has provided RM with proper notice of claim as required by the program; and,
 - 4 Participant organization fully cooperates with RM in investigation of any claim.



State of Oklahoma
Department of Central Services
Risk Management

Fire District Auto Liability
Self-Insurance Program
Terms and Conditions

IV. VEHICLE LIABILITY COVERAGE (continued)

- B Approved participating organizations must notify RM immediately upon knowledge of receiving additional vehicles in order for coverage to be effective. Only vehicles reported to RM are covered.
- C RM reserves the right to investigate the occurrence giving rise to a claim against a program participant.
- D *Any liability involving a fatality, personal injury or property damage must be reported immediately to RM. An answering service is available 24 hours a day, seven days a week.*
- E Participating fire departments agree to cooperate fully with RM in investigation resolution of any claim.

V. LIMIT OF PROGRAM COVERAGE

At no time will the Risk Management Division make payment to a third party exceeding the following liability limits per incident:

- \$ 25,000 per claim for property damage
- \$ 125,000 per claimant for personal injury
- \$1,000,000 for any number of claims arising out of a single occurrence or accident.

VI. IN THE EVENT OF A LAWSUIT

RM will provide for the defense of a claim if a participant is sued as the result of a vehicle accident so long as the allegations fall within the program coverage.

VII. RM NO OBLIGATION TO PAY

- A Risk Management has no obligation to pay damages on behalf of any fire department member who was acting outside the scope and authority of his/her work.
- B Risk Management shall not be liable to make any payment for a loss in connection with any claim or claims made against the participant:
 - 1 Arising out of a vehicular accident in which the employee is found to have been driving under the influence of controlled dangerous substances as defined in Title 47 O.S. § 751, or employee refuses to submit to a Breathalyzer test when requested to do so by a law enforcement officer.

VIII. EXCLUSIONS

The following are examples.

Vehicle Liability Coverage **SHALL NOT** apply to any of the following:

- A Personal vehicles of participants;
- B Participating organizations' vehicles being used for municipal maintenance work or activities that are not normally and historically conducted by a fire service organization for the furtherance of fire district activities;
- C Property or other damages resulting to a third party resulting from the operation or malfunction of equipment, on or off the participants' vehicles, such as, but not limited to:
 - 1 rescue equipment such as Jaws of Life, ladders, etc.
 - 2 ambulance equipment and/or accessories.(This type of coverage falls under general liability **not** vehicle liability)
- D Incidents where participants' vehicles collide with each other, or cause damage to their own building.
- E Any loss to any person covered by any Workers' Compensation Act or any employer's Liability Act.
- F Employee indemnification and employer's liability. Personal injury to:
 - 1 an employee of the participating organization arising out of and in the course of employment by the participant; or
 - 2 the spouse, child, parent, brother, sister or invitee of that employee as a consequence of statement #1 above.
 - This exclusion applies:
 - a whether the participant may be liable as an employer or in any other capacity; and
 - b to any obligation to share damages with or repay someone else who must pay damages because of the injury;
- G Claims brought by one employee against another;
- H The acts, activities, or omissions of paramedics, medics, emergency medical technicians, or any other personnel as they handle, treat, monitor or transport a patient, unless such acts, activities or omissions relate directly to the operation of the covered vehicle.

Other exclusions may apply. Refer to Governmental Tort Claims Act (GTCA), Title 51 O. S. § 151, et seq, and Title 74 O. S. § 85.58 et seq.



To meet eligibility criteria for approval and participation under the State Risk Management Program, drivers and vehicles shall meet or exceed the following requirements: (Refer to promulgated administrative rules at OAC 580:25-9)

- Drivers of fire apparatus shall be at least 18 years of age and have a valid Oklahoma Class D driver license or equivalent to operate the vehicle(s).
- There shall be documentation of the driver license for any individual who drives or may be required to drive a scheduled vehicle.
- Drivers and operators of fire apparatus must be thoroughly trained annually and the training must be documented annually.
- Each participating organization shall have a written policy that sets forth speed limits for its vehicles on emergency runs. This policy should state that at no time would a vehicle be driven in such a manner as to endanger life or property. Copies of these written policies shall be provided to Risk Management upon request.
- All emergency vehicles shall be provided with audible and visible warning devices. These warning devices shall be kept in proper working order and utilized on emergency runs
- Wheel chocks must be used for the rear wheels while using any aerial ladder apparatus to help prevent the apparatus from slipping.
- There shall be a preventative maintenance program in place to ensure that all emergency vehicles are maintained in a safe condition. The following items are suggested safety areas that should be checked:
 1. Visible and audible warning signals
 2. Lighting system
 3. Tires
 4. Steering
 5. Brake system air tanks
 6. Brake fluid
 7. Windshield wipers
 8. Rearview mirrors

This maintenance list is not meant to be a complete listing, but only a guide. The IFSTA 106 Manual, Sixth Edition, Chapter Eight, provides examples of maintenance schedules and programs.

- Applications for participation, pursuant to Title 74 O. S. § 85.58B, are subject to review by the State Risk Management Administrator. The review may include a physical inspection of the vehicles and related records.
- Participating fire protection organizations are subject to random safety and loss prevention inspections of equipment for as long as they choose to participate in the Risk Management program.
- Noncompliance with safety standards as required by the State Risk Administrator can result in a denial of applications to participate in the program or cancellation of coverage.



(Add or Delete)

To add a vehicle or delete a vehicle from Auto Liability coverage call Risk Management – Fire District Program:

(405) 521-4999

(888) 521-RISK (7475) Toll Free

The following information is required when reporting a vehicle:

- ❖ YEAR
- ❖ MAKE & MODEL
- ❖ LAST 4 DIGITS OF VIN/SERIAL NO.
- ❖ TAG NUMBER (can be provided within 30 days)

In order for your vehicle to be covered, ALL information must be current and complete.

Vehicle information that is incomplete may cause coverage delay and/or limit coverage when an incident occurs.

Oklahoma Fire Districts Auto Liability Self-Insurance Program

- Driver Road Test Record

The Office of Risk Management requires annual training for any person(s) driving a scheduled vehicle covered through Risk Management under the Auto Liability Self-Insurance Program. In this packet, you will find a *“Driver’s Fire Vehicle Road Test Record”*. It is required that you have updated training records in YOUR files for all drivers driving any vehicles covered under the Fire District Program maintained by Risk Management. You have the option to use the form provided or you may use a form of your own. If an accident should take place, a copy of this training record must be submitted to Risk Management with the accident report.

The “Signature Page” is to be submitted annually to Risk Management to confirm all active drivers have received proper training and are familiar with each vehicle they plan to operate. The “Signature Page” must be completed and received by Risk Management on or before December 31st each year.

If new drivers are added during the year, it is the Fire Chief’s responsibility to make sure these new drivers are properly trained and obtain a passing score prior to driving any vehicles covered by Risk Management. The “Signature Page” may be submitted for new drivers throughout the year and must have the box marked “add to current list” (top left corner of form) checked.

Any fire district who fails to comply with the required training and documentation procedures, at a minimum, will be subject to a participation fee surcharge. Non-compliance could result in denial of participation in the program, denial of a claim, and/or cancellation of coverage.



Check one

- New List
- Add to current List
- Delete from current List

Upon drivers completing Road Test(s) each calendar year, this form must be signed, dated, and received by Risk Management on or before December 31.

Fire Department Name _____

Address or Customer # _____

	Name of Driver	Driver License #	Date Completed MO / DAY / YEAR
1.			/ / 20
2.			/ / 20
3.			/ / 20
4.			/ / 20
5.			/ / 20
6.			/ / 20
7.			/ / 20
8.			/ / 20
9.			/ / 20
10.			/ / 20
11.			/ / 20
12.			/ / 20
13.			/ / 20
14.			/ / 20
15.			/ / 20
16.			/ / 20
17.			/ / 20
18.			/ / 20
19.			/ / 20
20.			/ / 20

These individual(s) have successfully completed and passed their annual training for the Driver's Road Test on vehicle(s) covered through Risk Management.

 SIGNATURE - Fire Chief or Designated Training Officer

 Date

 PRINTED NAME

(_____)_____
 Daytime Phone #

Before mailing or faxing this form, make sure that all columns are completed for each driver. (Driver License # and date test(s) were completed.) If any columns are left blank, this form will be returned to you for completion.

RETURN TO: DCS Risk Management or FAX to: (405) 522-4442
P.O. Box 53364
Oklahoma City, OK 73152-3364

This form is provided solely for voluntary use by fire department and is not intended for use in lieu of any existing form used for driver's evaluations. All In-house evaluation forms must be signed and dated by the chief or designated training officer.

DRIVER'S FIRE VEHICLE ROAD TEST RECORD

Fire Department Name: _____

Driver's Name: _____ Driver License # _____

Examiner/Evaluator's Name: _____ Title _____

Rating scale: 0-6 non satisfactory = not passing 7-10 satisfactory = passing

	Date of Test:		
Evaluation Items	Vehicle Id:		
1. Vehicle inspected prior to movement for low tires, open compartments, and unsecured equipment.			
2. Ability to handle loaded vehicle.			
3. Ability to shift smoothly up hill and down hill.			
4. Treatment of engine (unnecessary speed increases), lugging under load, or revving motor at shut down.			
5. Ability to stop smoothly without sliding wheels.			
6. Ability for placement of apparatus for appropriate use.			
7. Backing ability, including survey of area, and positioning of spotter			
8. Display of concern for personnel and equipment safety while vehicle in operation.			
9. Ability to control vehicle while shifting manual transmission and keeping engine speed correct.			
10. Proper use of automatic transmission.			
Total			

USE ADDITIONAL SHEET(S) AS NEEDED

ALL drivers must be tested annually. All scores with less than satisfactory performance, scoring of 6 or below, should be brought to the driver's attention and corrected immediately. Drivers scoring less than seven (7) should receive training and retesting until scoring is 7 or above. Failure to receive a passing score will void coverage for the fire department if that driver operates the vehicle upon which he or she failed.

I HAVE OBSERVED THIS DRIVER OPERATING THE VEHICLE(S) INDICATED AND BELIEVE THAT HE OR SHE IS QUALIFIED TO OPERATE SAID VEHICLE(S).

Signature of Fire Chief or Training Officer

Title

Printed name

_____/_____/_____
Date

KEEP ALL IN-HOUSE DRIVING TEST RECORDS FOR YOUR FILES. IF A DRIVER IS INVOLVED IN AN ACCIDENT, A COPY OF HIS LAST IN-HOUSE DRIVING EVALUATION FORM WILL BE REQUESTED BY THE RISK MANAGEMENT CLAIMS DEPARTMENT.

Oklahoma Fire Districts Auto Liability Self-Insurance Program

Section II

Claims Procedures



1. Fire Chief or Designee: Reporting procedures are the DIRECT RESPONSIBILITY of the Fire Chief or designee who must ensure the proper forms and information are provided by the fire department Volunteer/Employee involved in an incident/accident. We encourage you to make copies of these procedures, the Standard Liability Incident Report (DCS/Risk Mgmt Form 1) and Scope of Employment form (DCS/Risk Mgmt Form 2) (both attached), for your records.
2. Employee: Anytime there is contact with the public concerning an incident or accident, a fire department volunteer/employee must follow the steps listed below. NOTE: ALL forms must be filled out by the fire department Volunteer/employee, not the claimant.
 - Step 1: Assess the injured and provide reasonable assistance if it is apparent that such treatment is necessary. Obtain permission from the injured party(s) or potential claimant prior to assisting with their injuries. Do NOT suggest that this program will pay for any emergency or medical services rendered.
 - Step 2: In the case of a vehicle accident, call the police, regardless of who is at fault. Always try to obtain a police report.
 - Step 3: Provide the address and telephone number of Risk Management to the injured party(s) or potential claimant. There should not be any statement made by "ANYONE" to the injured party(s) or potential claimant, or anyone else, as to guilt or negligence on anyone's part.
 - Step 4: Report the incident/accident to the fire chief or designee as soon as possible.
 - Step 5: Call Risk Management within 48 business hours of an occurrence to report the incident/accident.
 - Step 6: Complete a Standard Liability Incident Report. (DCS-Risk Mgmt Form 1)
 - Step 7: Complete a Scope of Employment form. (DCS-Risk Mgmt Form 2) NOTE: This form must be signed and dated by both the fire department volunteer/employee and the Fire Chief or designee.
 - Step 8: Send completed copies along with a copy of the most recent driver fire vehicle road test record, if an auto accident is involved, to Risk Management.

** Do not wait for notification of a claim from Risk Management before sending the Incident Report, Scope of Employment and a copy of the most recent Driver's Fire Vehicle Road Test Record form.

3. Standard Liability Incident Report – General Instructions

A Standard Liability Incident Report must be completed and provide the following information regardless of the type of incident/accident. Any additional information required by these instructions may be listed on a separate page. We suggest this Report be filled out immediately and statements taken from all employees and/or witnesses involved to ensure details are not forgotten as time passes.

WHO

- Injured Party(s) or potential claimant name, address, phone number
- Who at your department was involved: fire department name, fire department volunteer/employee's name, position, phone number, etc.
- Check the appropriate box showing whether the injured party(s) or potential claimant is requesting a claim form or not. Claims are not automatically filed. If neither box is checked, a claim form will not be sent to the claimant.
- If a fire department volunteer/employee is directly involved in an incident/accident, a Scope of Employment form must be completed, signed by the employee and the Fire Chief or designee, and submitted to Risk Management.

WHAT (happened to the claimant)

Personal Injury

- Total over-all appearance of claimant and area of incident
- Get pictures, if possible
- Obtain police report, if applicable
- Describe any visible injury
- Describe any complaint of injury by an injured party



Vehicle Damage

- Describe area of damage (i.e. left front fender, passenger side taillight, right door, etc.)
- Describe the condition of the vehicle and note any possible pre-existing damage
- Get pictures, if possible
- Obtain police report

Personal Property Damage

- Get a description of the property and note the prior condition of the property, if possible

WHEN

- Date and Time of the Incident/Accident

WHERE

- Get the exact location of the incident. Pictures of the site are very beneficial.

WHY

- Was there something that caused the incident/accident and, if so, what exactly was it?
- Was there something on the roadway, etc.?
- Was someone at the station aware of it?
- Was it something we did or did not do? Or something we should have done?
- Were safety procedures being followed?
- If we were aware of it, what were we doing about it?
- Did we respond in a timely manner?
- What were the weather conditions, if applicable?

4. Miscellaneous Information

- Do not, under any circumstances, accept documents, estimates, etc. from the injured party(s) or potential claimant. This may lead the injured party(s) or potential claimant to believe that they have already filed a claim and only creates confusion for the claimant.
- Injuries to a fire department Volunteer/employee primarily do not constitute a tort claim. It is more likely to be a Workers' Compensation claim. Contact your Workers' Compensation insurance carrier.

Contact Information

If you have questions, problems or require additional information, please contact:

Mary Herrera, Claims Specialist
Nancy Westbrook, Claims Manager

DCS Risk Management Division

2401 N. Lincoln, Ste. 202
Oklahoma City, OK 73105

Mailing Address: P.O. Box 53364
Oklahoma City, OK 73152-3364

24 Hour Answering:
(405) 521-4999 or (888) 521-7475

FAX: (405) 522-4442



IN CASE OF AN ACCIDENT...

- ❖ A representative of your fire department must **call Risk Management** at (888)521-7475 **immediately**. In this phone call we will need the following information:
 - ✓ VIN/Serial No. & tag number of fire vehicle involved
 - ✓ Date & time of the accident
 - ✓ Your driver's name
 - ✓ Was your driver on fire department business
 - ✓ Description & location of accident
 - ✓ Name(s) of other party(s) involved in the accident

- ❖ We will send you a "Standard Liability Incident Report" form (DCS Risk Mgmt Form 1) and a "Scope of Employment" form (DCS Risk Mgmt Form 2), or you may obtain the forms on our website at www.dcs.ok.gov

Complete and return to our office *immediately*:

- Standard Liability Incident Report Form (DCS-Risk Mgmt Form 1)
 - Scope of Employment Form (DCS-Risk Mgmt Form 2)
 - Current Driver's Road Test Record
-
- ❖ If the other party(s) in the accident wants to file a claim for damages, instruct them to call Risk Management at (405)521-4999 or (888)521-RISK.
 - DO NOT say that it was your fault, let us determine that.
 - DO NOT instruct them to fix or tamper with any damages until they speak with us first.
 - DO NOT give them your copy of the Standard Liability Incident Report. This report is only to be seen by our office after it is completed.

PLEASE POST IN COMMON & PUBLIC AREA



**State of Oklahoma
Department of Central Services
Risk Management Division**

Standard Liability Incident Report

DCS-RISK MGMT P.O. BOX 53364

OKLAHOMA CITY, OKLAHOMA 73152

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

Claim No: _____

Agency Information:

Agency Name _____ Agency # _____ Phone _____

Type of Employment: Full Time Temporary Volunteer Contract

Driver or Employee: _____ Job Title: _____

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

Specific Duty Being Performed:

Vehicle Information:

Owned By: State _____ Other _____ Make _____ Year _____

Body Type: _____ Vehicle Tag #: _____ Vehicle #: _____

Amount Damage: _____ Where Damaged: _____

Claimant's Name: _____ Phone: _____

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

Was Claimant or Passenger Injured? Yes No

Describe _____

Name of Doctor or Hospital: _____

Claimant Vehicle:	_____	_____	_____	_____
	Make	Yr	Body Type	Damage Amt.

Where Damaged: _____

Claim Form Requested? Yes No

Incident Date: _____ Time: _____

Location:

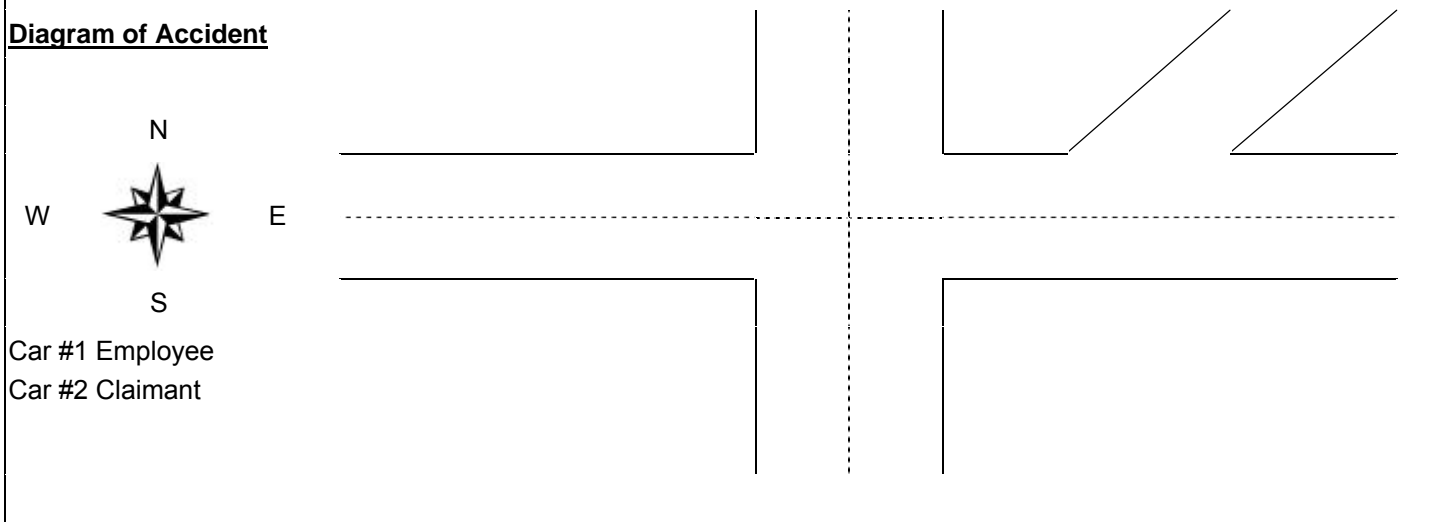
_____	_____	_____	_____
City	Street	Highway	County

Describe Incident:

Was Employee Aware Of Incident? Yes No

Remarks:

Diagram of Accident



Witnesses

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Incident Citations

Authorities reported to: _____ Name: _____

Were there any citations: Yes No

Who: _____ What: _____

Reported by: _____ Date: _____ Phone: _____

Driver's signature: _____ Driver's license #: _____



**State of Oklahoma
Department of Central Services
Risk Management Division**

Scope of Employment

DCS-RISK MGMT P.O. BOX 53364

OKLAHOMA CITY, OKLAHOMA 73152

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

Incident Date: _____ Time: _____ Claim No (DCS use only): _____

Employee Name: _____ Job Title: _____

State Agency Name _____ Code _____

Division or Dept: _____ Phone _____

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

Type of Employment: Full Time Temporary Volunteer Contract

Who Authorized This Specific Duty: _____

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

Employee Signature

Supervisor Signature

Please Type or Print Name (Supervisor)

Date

Date

Oklahoma Fire Districts Auto Liability Self-Insurance Program

Section III

Other Programs Authorized Under Risk Management

Oklahoma Fire Districts Auto Liability Self-Insurance Program

❖ Other Risk Management Programs

General Liability Coverage (self insurance program)

This program provides coverage for negligent acts or omissions of the fire organization members while in the scope of duty.

Property Coverage (commercial insurance program)

This insurance coverage is for fire department's owned property to include buildings, building contents, vehicles, boats, fire apparatus and equipment.

Auto Physical Damage Coverage (commercial insurance program)

This insurance coverage is for vehicles for those fire departments that do not carry building/property coverage through Risk Management.

Our mission is to offer quality programs for all fire departments/districts in Oklahoma.

If you are not already participating in any of these programs and are interested, please contact our office to request an application packet.

You may contact the Risk Management office at:

- ✓ (405)521-4999
- ✓ (888)521-RISK(7475) toll free