

**OU REPORTING PROCEDURES**  
**FOR**  
**INJURIES TO STUDENTS, CUSTOMERS, OR VISITORS**  
**AND**  
**DAMAGE TO PROPERTY or VEHICLE COLLISIONS**

**READ THIS FIRST!**

If you are contacted by any person who wishes to file a liability claim against OU, give him/her the telephone number of the State Risk Management Division at (405) 521-4999. (SRMD is the official agency responsible for processing liability claims against OU and other state agencies.)

**Departmental management must investigate and report all injury and property damage incidents that occur in any OU facilities or grounds or during any sponsored events.**

Do **NOT** ask the person wishing to file a claim to fill out the attached forms.

Do **NOT** accept bills, documents, estimates, or any other claim documentation from the person wishing to file a claim.

Do **NOT** make any statement to anyone, other than an investigating police authority at the incident scene, as to negligence or guilt.

Do **NOT** suggest, recommend, or insist that the person go to a doctor, call an ambulance, or suggest that OU will pay for any damages or treatment. If the injured person asks for an ambulance, is bleeding heavily, or is unconscious or disoriented, then please assist them. (If you are in doubt about the person's condition, call 911 so that authorities can assess the scene.)

PLEASE READ THESE INSTRUCTIONS BEFORE FILLING OUT THE REPORTS.

**REPORTING THE INCIDENT**

**Departmental management must complete these reports when (1) a student, a customer, or a visitor is injured on OU property or during an OU event; (2) any person or thing damages OU property; (3) any OU vehicle collides with anything; or (4) any person believes that OU has caused him/her harm or monetary damage.**

Any OU employee who...

- \* witnessed the actual incident;
- \* was driving at the time of a collision;
- \* arrived on the scene following an injury;
- \* managed the facility where an injury or incident occurred; or
- \* received a report about an incident after the fact...

is the OU employee responsible for completing the attached reports.

**COMPLETING THE 2-PAGE STANDARD LIABILITY INCIDENT REPORT**

**AGENCY NAME:** This section pertains to the OU employee who was driving the OU vehicle, or who witnessed the incident, or who investigated the incident after the fact. If you were not directly involved in the actual incident but learned of it later, please state so under "specific duty."

**VEHICLE INFO:** This section pertains to the OU car, OU truck, or OU mobile equipment involved in the incident, if applicable.

**CLAIMANT'S NAME:** This section pertains to the person who was injured, who had property damaged, or who wishes to file a claim against OU for any reason.

What happened to the claimant? In slips-and-falls, how was the claimant dressed? What were they carrying? Were they running? Where was he/she injured (left leg, right arm, etc.)?

Note: The *In Case of Collision* form in the vehicle glove compartment helps OU drivers obtain valid information at the scene of a collision. Where was the other vehicle damaged? What was the condition of the vehicle? Was there any pre-existing damage? Please take pictures, if possible.

***OU drivers must always call the police following any collision!***

**INCIDENT DATE:** This section answers important questions about what, where, when, how, and why.

Tell us what you know. Give the exact location of the incident and provide a full description of events as they occurred. (Pictures of the site are beneficial.)

Answer YES if you were directly involved or witnessed the incident when it occurred.

If you run out of space in this section, continue under *Remarks* on page 2.

**REMARKS:** This section can be used to continue with your description from the 1<sup>st</sup> page. You can also use this section to add additional information relating to what caused the incident. Was there something broken or wrong with walks, stairs, roads, etc.? Was it something OU did, failed to do, or something OU should have done? Were safety procedures being followed? Was someone at OU aware of the hazard? If OU was aware of it, what was OU doing about it? Did any weather conditions contribute to the incident?

**DIAGRAM OF ACCIDENT:** Draw your version of the vehicle collision, if applicable.

**WITNESSES:** Provide the information on any passengers in the OU vehicle. In slips-and-falls, gather names and numbers of any persons at the scene. If other OU employees were at the scene, attach written statements from them about what they saw.

**AUTHORITIES REPORTED TO:** Give the name of the Police Agency who responded to the collision or the injury. (Provide the case number if possible.) Note if an ambulance was called.

**DRIVER'S SIGNATURE & LICENSE #:** Name and number of the OU driver, if applicable.

**REPORTED BY & PHONE #:** Name and phone number of the person who is completing the report.

**DATE:** Date the report was completed.

**COMPLETING THE 1-PAGE SCOPE OF EMPLOYMENT FORM**

**EMPLOYEE:** This section pertains to the person who was driving the OU vehicle at time of collision **or** who responded to an incident and completed the Incident Report.

**PLEASE DESCRIBE IN DETAIL:** Please tell what job you were performing at the time of the incident (i.e., "driving to job site" or "investigating an injury in our building").

The OU driver and his/her supervisor must complete this report, if applicable. If you were a witness or investigated an incident after the fact, you and your supervisor must also complete this report.

**ADDITIONAL INFORMATION**

If there is not enough room on the Incident Report to give complete details on the incident, please attach additional memos, witness statements, or anything else that Legal Counsel would find pertinent to the claim. Pictures can be attached to the completed forms or can be forwarded by e-mail to [thartley@ou.edu](mailto:thartley@ou.edu).

**SEND COMPLETED FORMS TO:**  
Department of Risk Management  
NEL Building (905 Asp Ave., Rm. 112)

Call 325-5433 or 325-2981 if you have questions.