

OKLAHOMA CITY-COUNTY HEALTH DEPARTMENT
Standard Liability Incident Report

If you have been injured or have been in an accident involving the Oklahoma City-County Health Department (OCCHD):

Please print this form ([link](#)), complete the Incident Report legibly and return the **original completed form** to:

Office of Legal Counsel
ATTN: Risk Management and Safety Services Coordinator
Oklahoma City-County Health Department
921 N.E. 23rd, Oklahoma City, OK 73105



OKLAHOMA CITY-COUNTY HEALTH DEPARTMENT

Standard Liability Incident Report

Instructions to Complete this Form

If you have been injured or have been in an accident involving the Oklahoma City-County Health Department (OCCHD): [Read These Instructions Before Completing The Form!](#)

If you need to report an accident or incident:

1. fill out the *Standard Liability Incident Report*;
2. Send the **original completed form** to:

Office of Legal Counsel
ATTN: Risk Management Coordinator
Oklahoma City-County Health Department
921 N.E. 23rd, Oklahoma City, OK 73105

When you send an Incident Report, regardless of the type of incident, the form must be filled out with the following information provided:

Claimant - The person who sustains the injury is the Claimant. You should provide as much information as possible about the person, including their name, address, telephone number and extent of injuries, if any. If a vehicle was involved, please list the year, make, model and describe any damage.

Description of Incident - What happened to the you (Claimant)?

Personal Injury - For slips-and-falls, find out how the claimant was dressed. What were you carrying and how much (arms full, couldn't see where stepping, etc.)? Where were you injured injured (i.e., left leg, right knee, lower back, etc.)? Complete information on page 1.

Vehicle Damage - Describe the area of damage (i.e., left front fender, passenger side taillight, right door, etc.) Describe the condition of the vehicle, noting any possible pre-existing damage. Get pictures if possible. Complete information on page 1 and Vehicle information on page 2.

When: Time, day, and date of incident.

Where: Exact location of the incident. Pictures of the site are very beneficial.

Why: Was there something that caused the incident? If so, what exactly was it? Was something broken? If so, what exactly was it? Something wrong with walks, stairs, roadway, etc.? If so, what and who put it there? Was someone at OCCHD aware of it? Was it something we did, did not do, 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 and reasonable manner? What were the weather conditions, if applicable? Please use the Standard Liability Incident Report. Since it is impossible to design one form that will cover all potential incidents, any additional information can be put on another sheet using the outline above. The Incident Report should be filled out and a statement taken from all witnesses involved immediately when the incident is reported.

Report the Incident/Accident immediately to the proper authorities, such as police, fire department if necessary.

