Submitting a Claim for:

☐ 3rd Party Bodily Injury or Property Damage
and/or
☑ Physical Damage to Owned/Rented

State Office of Risk Management

PRELIMINARY ACCIDENT REPORT

Agency Code: 401 **Agency Name:** Texas Military Department

Address of Agency: 2200 W. 35th Street (PO BOX/STREET) Austin (CITY) Texas (STATE) 78732 (ZIP)

Phone Number of Agency: (512) 568-4469 **Agency Contact:** Matt Hopper

Date of Loss: _____ **Time:** _____ ☐ AM ☐ PM

OUR VEHICLE AND DRIVER

Driver's Name: _____ **Department Name** _____

Is this a rental vehicle: ☐ Yes ☐ No **Was the vehicle rented under the State Contract?** ☐ Yes ☐ No

Is this a non-owned vehicle: ☐ Yes ☐ No

Year: _____ **Make:** _____ **Model:** _____ **Color:** _____

License Plate Number: _____ **VIN#:** _____

Fleet Number(s): _____

Current location of the insured vehicle and contact information for the tow yard or fleet yard (if applicable)?

_____

THIRD PARTY DRIVER

Driver's License Number: _____ **State:** _____ **Expiration:** __/__/__

Owner's Name: _____ Sex: ☐ M ☐ F **Phone:** (____) _____

Address: _____ (PO BOX/STREET) (CITY) (STATE) (ZIP)

Year: _____ **Make:** _____ **Model:** _____ **Color:** _____

License Plate Number: _____ **VIN#:** _____

Insurance Company: _____

Agent Name: _____ Phone: (____) _____

Policy Number: _____ Injuries: ☐ Yes ☐ No

Vehicle Damage: _____

_____

INJURIES

Fatalities: _____ Number of Injuries: _____ Tows: _____Hazmat Released? ☐ Yes ☐ No

Name: _____ Age: _____

Treated At: _____
CLINIC/ HOSPITAL AND ADDRESS CITY STATE ZIP

Describe Injuries: _____

_____

_____

Name: _____ Age: _____

Treated At: _____
CLINIC/ HOSPITAL AND ADDRESS CITY STATE ZIP

Describe Injuries: _____

_____

_____

WITNESSES

Name: _____ Phone: (____) _____

Address: _____
PO BOX/STREET CITY STATE ZIP

Name: _____ Phone: (____) _____

Address: _____
PO BOX/STREET CITY STATE ZIP

DAMAGE TO THIRD PARTY PROPERTY

Owner: _____ Phone: (____) _____

Address: _____
PO BOX/STREET CITY STATE ZIP

INVESTIGATION – LAW ENFORCEMENT

Police contacted? ☐ Yes ☐ No **Department Name:** _____

Case or Report #_____

Location of Accident: _____

DESCRIPTION

Give a brief account of the accident: _____

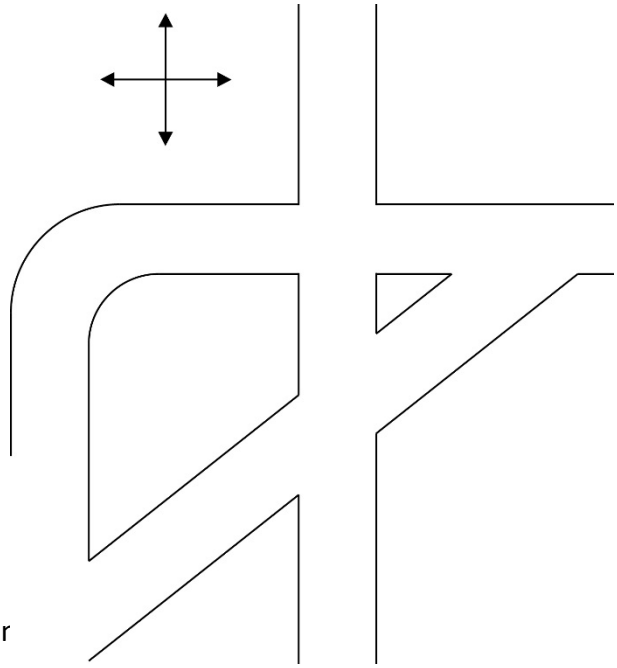
_____

_____

_____

_____

You are in VEHICLE 1. Show vehicle positions on the side diagram



If you have an accident:

- Do not panic and stay calm. An accident is upsetting and car involved in the accident. It can all be sorted out later.
- Help anyone that has been injured. If possible, do not move anyone. Call the police and fire department.
- Prevent another accident. Move your car out of the way of traffic and off road if possible.
- Give a factual account. When you talk to authorities, stick to the facts of what happened. Discuss only what you saw and how you were involved. Obtain the police report number if possible.
- Fill out the questions contained in this booklet to gather relevant information OR take photos of the drivers licenses and the damage of the other parties involved.

Arthur J. Gallagher RMS, LLC
24 Hour Claims Reporting
1-855-497-0578

Email this completed form and any photos of the accident to:

- GGB.SORM@ajg.com
- sorminsuranceteam@sorm.texas.gov

Christian Oliphant
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Enterprise Risk – Strategic Programs
State Office of Risk Management
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