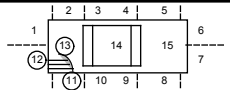
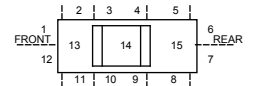
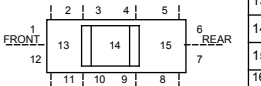


DEPARTMENT OF THE NAVY TRAFFIC ACCIDENT REPORT (SUPPLEMENT TO INCIDENT/COMPLAINT REPORT)												CASE CONTROL NUMBER								
DATE OF ACCIDENT			TIME (USE 2400 HOURS)			DAY OF COLLISION			<input type="checkbox"/> SUNDAY		<input type="checkbox"/> MONDAY		<input type="checkbox"/> TUESDAY							
YR	MO	DAY				<input type="checkbox"/> WEDNESDAY			<input type="checkbox"/> THURSDAY		<input type="checkbox"/> FRIDAY		<input type="checkbox"/> SATURDAY							
LOCATION	NAVY BASE		ROAD OR STREET ON WHICH ACCIDENT OCCURRED					NAME AND LOCATION OF NAVY BASE, CITY, STATE, ETC.												
	<input type="checkbox"/> ON <input type="checkbox"/> OFF																			
	AT INTER-SECTION	NAME OF INTERSECTING STREET				NOT AT INTER-SECTION	NAME OF NEAREST INTERSECTING ST., HIGHWAY, OR OTHER PERMANENT IDENTIFYING LANDMARK.				NO. OF FEET	DIRECTION								
IF ACCIDENT OCCURRED OFF NAVY BASE AND OUTSIDE CITY LIMITS INDICATE _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W						FROM <input type="checkbox"/> CITY LIMITS <input type="checkbox"/> CENTER		KIND OF LOCALITY <input type="checkbox"/> BARRACKS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MFG. OR INDUST		<input type="checkbox"/> OPEN COUNTRY <input type="checkbox"/> SCHOOL OR PLAYGROUND <input type="checkbox"/> BUSINESS		OF CITY OR TOWN <input type="checkbox"/> OTHER								
TYPE ACCIDENT	TYPE ACCIDENT <input type="checkbox"/> VEHICLE-VEHICLE <input type="checkbox"/> VEHICLE-PEDICYCLE <input type="checkbox"/> STOLEN VEHICLE <input type="checkbox"/> OTHER						TOTAL NO. OF VEHICLES INVOLVED		SEVERITY											
	<input type="checkbox"/> VEHICLE-OBJECT <input type="checkbox"/> VEHICLE-RR TRAIN <input type="checkbox"/> SINGLE VEHICLE (NON COLLISION)								NO. KILLED		NO. INJURED		<input type="checkbox"/> PROPERTY DAMAGE ONLY							
WEATHER, LIGHT AND ROAD CONDITIONS	VEHICLE 1	DRIVING LANES		VEHICLE 1	CHARACTER	VEHICLE 1	SURFACE	VEHICLE 1	CONDITIONS	VEHICLE 1	DEFECTS		WEATHER	LIGHT						
	2	ONE		2	STRAIGHT	2	CONCRETE	2	DRY	2	HOLES, RUTS, BUMPS		CLEAR	DAYLIGHT						
		TWO			CURVE		BLACKTOP		WET		LOOSE MATERIAL OR		RAIN	DAWN						
		THREE OR MORE			LEVEL		BRICK		MUD		DEFECTIVE		FOG	DUSK						
		DIVIDED HIGHWAY			GRADE		GRAVEL		SNOW		NO DEFECTS		SNOWING	DARK STREET LIGHTS						
	OTHER			OTHER		OTHER		OTHER		OTHER		OTHER	DARK NO STREET LIGHTS							
TRAFFIC CONTROL	VEHICLE 1			VEHICLE 1			VEHICLE 1			VEHICLE 1			OTHER (EXPLAIN)							
	2	STOP & GO SIGNAL		2	FLASHING LIGHT		2	WARNING SIGN		2	ONE WAY STREET									
		NO TRAFFIC SIGNAL			MANNED			SOLID CENTER LINE			STOP SIGN									
VEHICLE NO. 1	USN REGISTRATION OR LICENSE NO.			MAKE	YEAR	BODY TYPE		USN REGISTRATION OR LICENSE NO.			MAKE	YEAR	BODY TYPE							
	MARKINGS/DECAL NO.			<input type="checkbox"/> PRIVATELY OWNED			MARKINGS/DECAL NO.			<input type="checkbox"/> PRIVATELY OWNED			<input type="checkbox"/> GOVERNMENT							
	REGISTERED OWNER (IF NOT DRIVER) (LAST, FIRST, M.I.)						REGISTERED OWNER (IF NOT DRIVER) (LAST, FIRST, M.I.)													
	ADDRESS OF OWNER						ADDRESS OF OWNER													
	NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT						NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT													
VEHICLE NO. 1	NAME (LAST, FIRST, M.I.) AND ADDRESS				SSN		NAME (LAST, FIRST, M.I.) AND ADDRESS				SSN									
	AGE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		AGE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE													
	DRIVER'S LICENSE/PERMIT NUMBER				STATE		DRIVER'S LICENSE/PERMIT NUMBER				STATE									
	LIMITATIONS ON LICENSE/PERMIT <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY)				DRIVING EXPERIENCE (YEARS)		LIMITATIONS ON LICENSE/PERMIT <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY)				DRIVING EXPERIENCE (YEARS)									
	CODES	(1) CAT	(2) INJ	(3) SEAT BELT	(4) SEAT POS	CODES	(1) CAT	(2) INJ	(3) SEAT BELT	(4) SEAT POS										
OCCUPANTS	NAME AND ADDRESS								VEH. NO.	AGE	SEX	CATE-GORY (1)	IN-JURY (2)	SEAT BELT (3)	SEAT POSI-TION (4)					
PEDESTRIAN	NAME AND ADDRESS																			
	PEDESTRIAN WAS GOING: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W ALONG/ACROSS/INTO (STREET, ROAD OR HIGHWAY): _____																			
	FROM (NW TO SW CORNER, OR EAST TO WEST SIDE, ETC.): _____ TO: _____																			
	CROSSING WITH SIGNAL				CROSSING NO SIGNAL				STANDING ON ROADWAY				WALKING IN ROAD AGAINST TRAFFIC							
CROSSING AGAINST SIGNAL				HITCHING ON VEHICLE				COMING FROM BEHIND PARKED				WALKING IN ROAD WITH TRAFFIC								
CROSSING NOT AT INTERSECTION				PLAYING ON ROADWAY				PUSHING OR WORKING ON VEHICLE				OTHER								
CODES	(1) CATEGORY				(2) INJURY CLASS				(3) SHOULDER/LAP BELTS				(4) SEAT POSITION							
	A. NAVY OFFICER B. NAVY ENLISTED C. OTHER SERVICE OFFICER D. OTHER SERVICE ENLISTED E. CIVILIAN F. DEPENDENT G. OTHER				A. NO INJURY B. DEAD AT SCENE C. DEAD ON ARRIVAL D. DIED IN HOSPITAL E. INCAPACITATING INJURY F. NON-INCAP (EVIDENT) INJURY G. POSSIBLE INJURY H. INJURY UNKNOWN				A. LAP BELT USED B. SHOULDER HARNESS USED C. BOTH USED D. NOT USED E. NOT INSTALLED F. LAP BELT FAILED G. SHOULDER HARNESS FAILED H. BOTH FAILED U. UNKNOWN				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>4</td> <td>1</td> <td rowspan="3" style="text-align: center;">▶</td> </tr> <tr> <td>5</td> <td>2</td> </tr> <tr> <td>6</td> <td>3</td> </tr> </table>		4	1	▶	5	2	6
4	1	▶																		
5	2																			
6	3																			
												7. OTHER POSITION (BUS-MOTORCYCLE)		8. POSITION UNKNOWN						

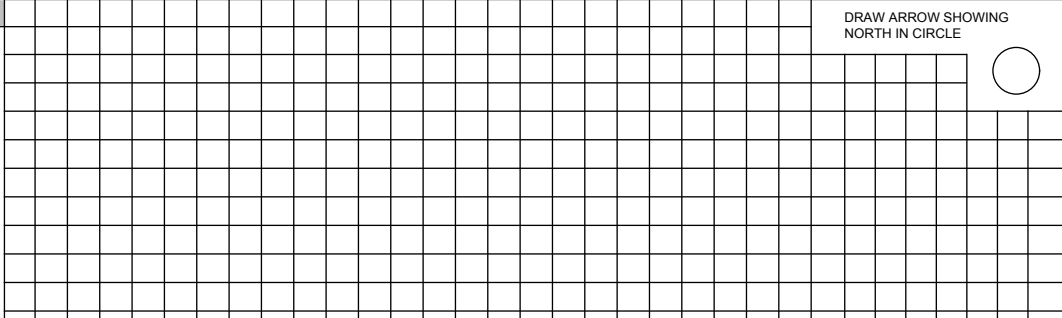
# DEPARTMENT OF THE NAVY TRAFFIC ACCIDENT REPORT (CONTINUED)

<b>WITNESSES</b>	NAME AND ADDRESS	TELEPHONE NUMBER

VEHICLE DAMAGE INSTRUCTIONS	1. In each box, circle the number of each damaged area. 2. Shade area of severest impact. 3. Draw arrow(s) to show principal direction of force.	EXAMPLE 
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DAMAGED VEHICLE NO. 1	DAMAGED VEHICLE NO. 2	DAMAGED TRAILER, MOTORCYCLE, ETC.
		SKETCH DAMAGE
13. HOOD 14. ROOF 15. TRUNK 16. UNDER-CARRIAGE 17. OVER-TURN	13. HOOD 14. ROOF 15. TRUNK 16. UNDER-CARRIAGE 17. OVER-TURN	
SEVERITY OF DAMAGE: VEHICLE NO. 1 <input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> OTHER M.V. DAMAGE <input type="checkbox"/> FUNCTIONAL DAMAGE <input type="checkbox"/> NO DAMAGE	SEVERITY OF DAMAGE: VEHICLE NO. 2 <input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> OTHER M.V. DAMAGE <input type="checkbox"/> FUNCTIONAL DAMAGE <input type="checkbox"/> NO DAMAGE	SEVERITY OF DAMAGE: (OTHER VEHICLE) <input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> OTHER M.V. DAMAGE <input type="checkbox"/> FUNCTIONAL DAMAGE <input type="checkbox"/> NO DAMAGE
TOWED BY	TOWED BY	TOWED BY
TO	TO	TO

DAMAGE TO PROPERTY (OTHER THAN VEHICLE)

*SKETCH OF COLLISION	DRAW ARROW SHOWING NORTH IN CIRCLE
1. Identify: Roadway & roadway features Vehicles Pedestrians Objects on/off roadway Traffic controls Skidmarks Unusual/temperature conditions (ice patch, construction areas, etc.)  2. Locate probable point of impact  3. Show vehicle, pedestrian or object positions at impact  4. Show probable vehicle or pedestrian paths before and after collision	

DESCRIPTION OF COLLISION In Block 17, Incident/Complaint Report, (OPNAV 5527/1), indicate what probably happened before, during and after the crash, include information not on sketch, e.g., driver disability, reduced visibility, pedestrian clothing color, construction or repair work, etc.

DRIVERS ACTION BEFORE ACCIDENT	DIRECTION HEADED	DRIVER 1 2	CHECK ONE OR MORE	DRIVER 1 2	CHECK ONE OR MORE	VEHICLE 1 2	SPECIFY FEET/MPH	
	N S E W		<input type="checkbox"/> BACKING <input type="checkbox"/> GOING STRAIGHT AHEAD <input type="checkbox"/> MAKING LEFT TURN <input type="checkbox"/> SKIDDING <input type="checkbox"/> MAKING RIGHT TURN <input type="checkbox"/> MAKING "U" TURN		<input type="checkbox"/> OVERTAKING OR PASSING <input type="checkbox"/> AVOIDING VEH/OBJ <input type="checkbox"/> SLOWING OR STOPPING <input type="checkbox"/> STOP IN TRAFFIC LANE <input type="checkbox"/> OTHER (SPECIFY)		ESTIMATED DISTANCE WHEN DANGER WAS FIRST NOTICED (FEET) ESTIMATED SPEED WHEN DANGER WAS FIRST NOTICED (MPH) ESTIMATED SPEED AT IMPACT (MPH) DISTANCE TRAVELED AFTER IMPACT (FEET) LAWFUL SPEED (MPH)	
	VEH 1	<input type="checkbox"/>						
	VEH 2	<input type="checkbox"/>						
CONTRIBUTING CIRCUMSTANCES	DRIVER 1 2	CHECK ONE OR MORE	DRIVER 1 2	CHECK ONE OR MORE	DRIVER 1 2	CHECK ONE OR MORE	VEHICLE 1 2	CHECK ONE OR MORE
		<input type="checkbox"/> EXCEEDING SPEED LIMIT <input type="checkbox"/> SPEED EXCESSIVE FOR CONDITIONS <input type="checkbox"/> FAILED TO YIELD <input type="checkbox"/> DISREGARDED STOP SIGNAL <input type="checkbox"/> VISION OBSTRUCTED <input type="checkbox"/> FOLLOWING TOO CLOSE <input type="checkbox"/> IMPROPER OVERTAKING	<input type="checkbox"/> NO OR IMPROPER SIGNAL <input type="checkbox"/> DISREGARDED TRAFFIC SIGNAL <input type="checkbox"/> IMPROPER TURN <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> ALCOHOL INVOLVED <input type="checkbox"/> DRUGS INVOLVED <input type="checkbox"/> ABILITY IMPAIRED <input type="checkbox"/> ABILITY NOT IMPAIRED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SEE ATTACHED DD FORM 1920 *ALCOHOLIC INFLUENCE REPORT*	<input type="checkbox"/> CHEMICAL TEST GIVEN <input type="checkbox"/> CHEMICAL TEST REFUSED <input type="checkbox"/> TEST RESULTS	<input type="checkbox"/> DRIVER NO. 1 <input type="checkbox"/> DRIVER NO. 2 <input type="checkbox"/> % BAC	<input type="checkbox"/> DEFECTIVE BRAKES <input type="checkbox"/> DEFECTIVE HEAD LIGHTS <input type="checkbox"/> DEFECTIVE REAR LIGHTS <input type="checkbox"/> TIRES WORN OR SMOOTH <input type="checkbox"/> TIRES PUNCTURES OR BLOWN <input type="checkbox"/> OTHER (SPECIFY)	

POLICE ACTIVITY	NAME OF PERSON(S) APPREHENDED	CHARGES				
	TIME POLICE NOTIFIED (HOUR):	TIME POLICE ARRIVED AT SCENE OF ACCIDENT (HOUR):				
	WHERE ELSE WAS INVESTIGATION MADE:	DID MILITARY OPERATOR COMPLETE DD FORM 518, "ACCIDENT IDENTIFICATION CARD" <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	YES	NO		
	YES	NO				
IF OFF BASE, WHO ELSE CONDUCTED AN INVESTIGATION (IF OTHER AGENCY CONDUCTED COMPLETE INVESTIGATION, SO INDICATE)	DID MILITARY OPERATOR COMPLETE STANDARD FORM 91, "OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT"  WAS FORM COMPLETED FROM ON SCENE INVESTIGATION (IF NOT EXPLAIN) <table border="1" style="float: right; margin-left: 10px;"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>					