

<b>MOTOR VEHICLE ACCIDENT REPORT</b>	Please read the Privacy Act Statement on Page 3	<b>INSTRUCTIONS:</b> Sections I through IX are filled out by the vehicle operator. Section X, items 72 thru 82c are filled on by the operator's supervisor. Section XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.
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**SECTION I - FEDERAL VEHICLE DATA**

1. DRIVER'S NAME (Last, first, middle)			2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		DATE OF ACCIDENT
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS				4b. WORK TELEPHONE NUMBER	
5. TAG OR IDENTIFICATION NUMBER	6. EST. REPAIR COST \$	7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE					

**SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed)**

12. DRIVER'S NAME (Last, first, middle)		13. SOCIAL SECURITY NO./ TAX IDENTIFICATION NO.	14. DRIVER'S LICENSE NO./STATE/LIMITATIONS	
15. a DRIVER'S WORK ADDRESS			15b. WORK TELEPHONE NUMBER	
16a. DRIVER'S HOME ADDRESS			16b. HOME TELEPHONE NUMBER	
17. DESCRIPTION OF VEHICLE DAMAGE			18. ESTIMATED REPAIR COST \$	
19. YEAR OF VEHICLE	20. MAKE OF VEHICLE	21. MODEL OF VEHICLE		22. TAG NUMBER AND STATE
23a. DRIVE'S INSURANCE COMPANY NAME AND ADDRESS			23b. POLICY NUMBER	
			23c. TELEPHONE NUMBER	
24. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		25a. OWNER'S NAME(S) (Last, first, middle)		25b. TELEPHONE NUMBER
26. OWNER'S ADDRESS(ES)				

**SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed)**

27. NAME (last, first, middle)			28. SEX	29. DATE OF BIRTH	
30. ADDRESS					
<b>A</b>	31. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		32. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	33. LOCATION IN VEHICLE	34. FIRST AID GIVEN BY
	35. TRANSPORTED BY		36. TRANSPORTED TO		
37. NAME (last, first, middle)			38. SEX	39. DATE OF BIRTH	
40. ADDRESS					
<b>B</b>	41. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		42. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	43. LOCATION IN VEHICLE	44. FIRST AID GIVEN BY
	45. TRANSPORTED BY		46. TRANSPORTED TO		
47. Pedestrian	a. NAME OF STREET OR HIGHWAY		b. DIRECTION OF PEDESTRIAN (SW corner to NW corner, etc.)		
			FROM	TO	
c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT ( <i>crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.</i> )					

**SECTION IV - ACCIDENT TIME AND LOCATION (Use section VII if additional space is needed.)**

48. DATE OF ACCIDENT	49. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).
50. TIME OF ACCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM	

<p>51. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED</p> <p><i>Use one of these outlines to sketch the scene. Write in street or highway names or numbers</i></p> <p><b>a</b> Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow</p> <p><i>Example</i> → <input type="checkbox"/> 1 <input type="checkbox"/> 2 ←</p> <p><b>b</b> Use solid line to show path before accident and broken line after the accident</p> <p><b>c</b> Show pedestrian by → ○</p> <p><b>d</b> Show railroad by ++++++</p> <p><b>e</b> Place arrow in this circle to indicate NORTH</p>	52. POINT OF IMPACT (Check one for each vehicle)	
	FED	2
		a. Front
		b. R. Front
		c. L. Front
		d. Rear
		e. R. Rear
		f. L. Rear
		g. R. Side
		h. L. Side

53. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.), condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making a U-turn, passing, stopped in traffic, etc.)

**SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)**

A	54. NAME (Last, first, middle)	55. WORK TELEPHONE NUMBER	56. HOME TELEPHONE NUMBER
	57. WORK ADDRESS	58. HOME ADDRESS	
B	59. NAME (Last, first, middle)	60. WORK TELEPHONE NUMBER	61. HOME TELEPHONE NUMBER
	62. WORK ADDRESS	63. HOME ADDRESS	

**SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)**

64a. NAME OF OWNER (Last, first, middle)	64b. WORK TELEPHONE NUMBER	64c. HOME TELEPHONE NUMBER
64d. WORK ADDRESS	64e. HOME ADDRESS	
65a. NAME OF INSURANCE COMPANY	65b. TELEPHONE NUMBER	65c. POLICY NUMBER
66. ITEM DAMAGED	67. LOCATION OF DAMAGED ITEM	68. ESTIMATED COST

**SECTION VII - POLICE INFORMATION**

69a. NAME OF POLICE OFFICER	69b. BADGE NUMBER	69c. TELEPHONE NUMBER
70. PRECINCT OR HEADQUARTERS	71a. PERSON CHARGED WITH ACCIDENT	71b. VIOLATION(S)

**SECTION VIII - EXTRA DETAILS**

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

**PRIVACY ACT STATEMENT**

The information on this form is subject to the Privacy Act of 1974 (5 U.S.C. section 552a). Authority to collect the information is Title 40 U.S.C. Section 491 and the title 31 U.S.C. Section 7701. The formation is required by federal Government agencies to administer motor vehicle programs, including maintaining records on accidents involving privately owned and Federal fleet vehicles, and collecting accident claims resulting from accidents. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of personnel Management and the General Accounting Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Department of Treasury and Justice, or a court under judicial proceedings; agency Inspectors General in conducting audits; private insurance and the collection agencies (including agencies under contract to Treasury to collect debt), and to other agency finance offices for federal management and debt collection. Furnishing the requested information is mandatory, including the Social security Number or Taxpayer's Identification Number(TIN) for use as a unique identifier to ensure accurate identification for individuals or firms in the system.

**SECTION IX - FEDERAL DRIVER CERTIFICATION**

I certify that the information on this form (Sections I thru VII) is correct to the best of my knowledge and belief.

72a. NAME AND TITLE OF DRIVER

72b. DRIVER'S SIGNATURE AND DATE

**SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED**

73. ORIGIN

74. DESTINATION

75. EXACT PURPOSE OF TRIP

76. TRIP BEGAN	DATE	TIME (Include AM or PM)	77. ACCIDENT OCCURRED	DATE	TIME (Include AM or PM)
78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR			79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE?		
<input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)			<input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		
80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS?			81. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED?		
<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)			<input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		

82. COMPLETED BY DRIVER'S SUPERVISOR	a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	b. COMMENTS

83a. NAME AND TITLE OF SUPERVISOR

83b. SUPERVISOR'S SIGNATURE AND DATE

83c. TELEPHONE NUMBER

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**SECTION XI - ACCIDENT INVESTIGATION DATA**

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84. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION.  NO  YES (If checked, explain below.)

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**85. PERSONS INTERVIEWED**

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NAME		DATE	NAME		DATE
a.			c.		
b.			d.		

86. ADDITIONAL COMMENTS (Indicate section and item number of each comment).

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**SECTION XII - ATTACHMENTS**

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87. LIST ALL ATTACHMENTS TO THIS REPORT

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**SECTION XIII - COMMENTS/APPROVALS**

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88. REVIEWING OFFICIAL'S COMMENTS

89. ACCIDENT INVESTIGATOR			90. ACCIDENT REVIEWING OFFICIAL		
a. SIGNATURE		b. DATE	a. SIGNATURE		b. DATE
c. NAME (First, middle, last)			c. NAME (First, middle, last)		
d. TITLE			d. TITLE		
e. OFFICE			e. OFFICE		
f. OFFICE TELEPHONE NUMBER			f. OFFICE TELEPHONE NUMBER		
AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION