

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

1. DRIVER'S NAME (Last, first, middle)			2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		3. 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. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS				
14a. DRIVER'S WORK ADDRESS			14b. WORK TELEPHONE NUMBER ()				
15a. DRIVER'S HOME ADDRESS			15b. HOME TELEPHONE NUMBER ()				
16. DESCRIBE VEHICLE DAMAGE			17. ESTIMATED REPAIR COST \$				
18. YEAR OF VEHICLE		19. MAKE OF VEHICLE		20. MODEL OF VEHICLE		21. TAG NUMBER AND STATE	
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS			22b. POLICY NUMBER				
			22c. TELEPHONE NUMBER ()				
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED			24a. OWNER'S NAME(S) (Last, first, middle)			24b. TELEPHONE NUMBER ()	
25. OWNER'S ADDRESS(S)							

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

26. NAME (Last, first, middle)				27. SEX		28. DATE OF BIRTH			
29. ADDRESS									
A.	30. 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			31. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)		32. LOCATION IN VEHICLE		33. FIRST AID GIVEN BY	
	34. TRANSPORTED BY			35. TRANSPORTED TO					
36. NAME (Last, first, middle)				37. SEX		38. DATE OF BIRTH			
39. ADDRESS									
B.	40. 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			41. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)		42. LOCATION IN VEHICLE		43. FIRST AID GIVEN BY	
	44. TRANSPORTED BY			45. TRANSPORTED TO					
46. Pedes- trian		a. NAME OF STREET OR HIGHWAY			b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.)				
					FROM TO				
		c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally, in roadway, playing, walking, hitchhiking, etc.)							

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