MOTOR VEHICLE ACCIDENT (CRASH) REPORT	*Please read the Privacy Act Statement on Page 4*	**INSTRUCTIONS: Sections I through IX are filled out by the vehicle operator. Section X, items 73 thru 83c are filled out by the operator's supervisor. Section XI thru XIII are filled out by a crash 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 NUMBER/STATE/LIMITATIONS	3. DATE OF CRASH

4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS	4b. TELEPHONE NUMBER	4c. E-MAIL ADDRESS

5. TAG OR IDENTIFICATION NUMBER	6. ESTIMATED REPAIR COST	7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED?
	$				☐ YES ☐ 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 NUMBER/ TAX IDENTIFICATION NUMBER	14. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS

15a. DRIVER'S WORK ADDRESS	15b. 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. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS	23b. POLICY NUMBER
	23c. TELEPHONE NUMBER

24. VEHICLE IS	25a. OWNER'S NAME(S) *(Last, First, Middle)*	25b. TELEPHONE NUMBER
☐ CO-OWNED ☐ RENTAL ☐ LEASED ☐ PRIVATELY OWNED		

26. OWNER'S ADDRESS(ES)

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

A

27. NAME *(Last, First, Middle)*	28. SEX	29. DATE OF BIRTH

30. ADDRESS

31. MARK "X" IN TWO APPROPRIATE BOXES	32. IN WHICH VEHICLE	33. LOCATION IN VEHICLE	34. FIRST AID GIVEN BY
☐ FATALITY ☐ DRIVER ☐ PASSENGER ☐ INJURED ☐ HELPER ☐ PEDESTRIAN	☐ FED ☐ OTHER (2)		

35. TRANSPORTED BY	36. TRANSPORTED TO

B

37. NAME *(Last, First, Middle)*	38. SEX	39. DATE OF BIRTH

40. ADDRESS

41. MARK "X" IN TWO APPROPRIATE BOXES	42. IN WHICH VEHICLE	43. LOCATION IN VEHICLE	44. FIRST AID GIVEN BY
☐ FATALITY ☐ DRIVER ☐ PASSENGER ☐ INJURED ☐ HELPER ☐ PEDESTRIAN	☐ FED ☐ OTHER (2)		

45. TRANSPORTED BY	46. TRANSPORTED TO

47. PEDESTRIAN

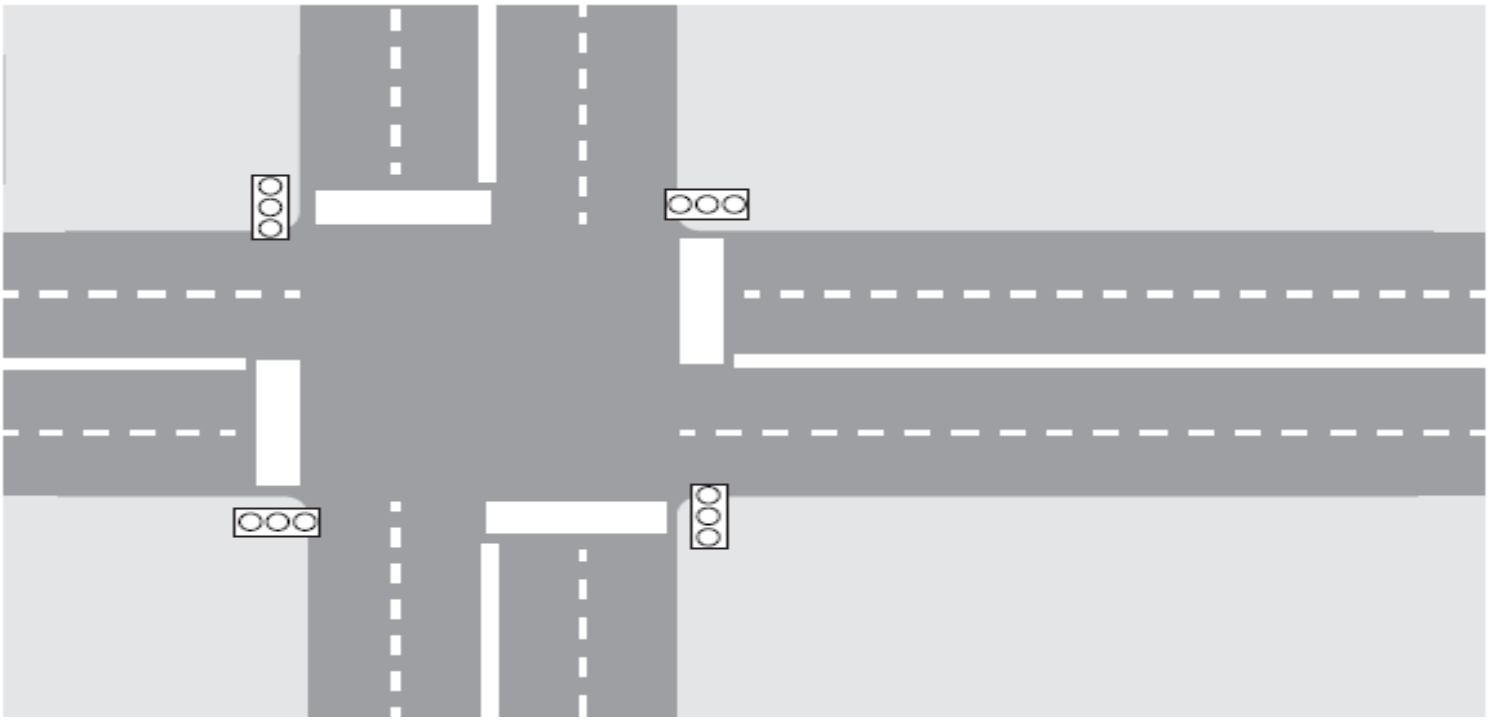
a. NAME OF STREET OR HIGHWAY	b. DIRECTION OF PEDESTRIAN *(Southwest (SW) corner to Northwest (NW) corner, etc.)*	
	FROM	TO

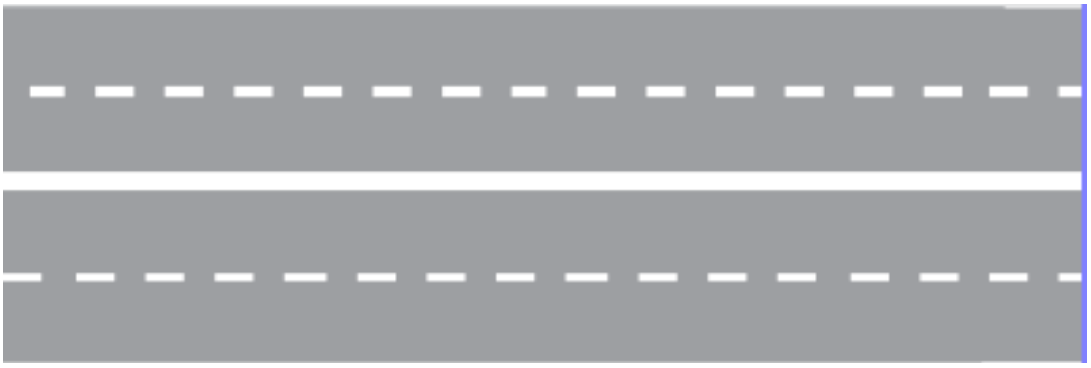
c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF CRASH *(crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)*

SECTION IV - CRASH TIME AND LOCATION *(Use Section VII if additional space is needed)*

48. DATE OF CRASH	49. PLACE OF CRASH *(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 CRASH ☐ AM ☐ PM	

51. INDICATE ON THE DIAGRAMS BELOW WHAT HAPPENED





1. Number the vehicles involved as follows:

Government Vehicle (GOV) #1 - Private Vehicle (POV) #2 - Additional Vehicles GOV or POV as #3, etc. and show direction of travel by arrow.

(Example: ----> **1** **2** <----*)*

2. Use solid line to show path before crash ———————— **2**
   Broken line after crash - - - - - - - - - - - - **2**

3. Show pedestrian by ---------->

4. Show railroad by -|-|-|-|-|-|-|-|-|-|-|-|-|-|-|-|-|-|-|-|-|-|

5. Give names or numbers of streets or highways

6. Indicate north by arrow in this compass

52. POINT OF IMPACT *(Check one for each vehicle)*

FED	2	AREA	FED	2	AREA	FED	2	AREA	FED	2	AREA	FED	2	AREA	FED	2	AREA
☐	☐	a. Front	☐	☐	b. Right Front	☐	☐	c. Left Front	☐	☐	d. Rear	☐	☐	e. Right Rear	☐	☐	f. Left Rear
☐	☐	g. Right Side	☐	☐	h. Left 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 crash 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 Standard Form 94 - Statement of Witness) (Continue in Section VIII.)*

A	54. NAME *(Last, First, Middle)*	55. TELEPHONE NUMBER	56. HOME TELEPHONE NUMBER
	57. WORK ADDRESS	58. HOME ADDRESS	
B	59. NAME *(Last, First, Middle)*	60. 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. 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 CRASH	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 ON ADDITIONAL SHEETS OF PAPER.

PRIVACY ACT STATEMENT

The information on this form is subject to the Privacy Act of 1974 - United States Code set forth at 5 U.S.C. § 552a. Authority to collect the information is set forth at 40 U.S.C. § 491 and 31 U.S.C. § 7701. The information is required by Federal Government agencies to administer motor vehicle programs, including maintaining records on crashes involving privately owned and Federal fleet vehicles, and collecting crash claims resulting from crashes. 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 Government Accountability 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 the Treasury and the Department of 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	72c. DATE

SECTION X - DETAILS OF TRIP DURING WHICH CRASH OCCURRED

73. ORIGIN	74. DESTINATION

75. EXACT PURPOSE OF TRIP

76. TRIP BEGAN	DATE	TIME *(Include AM or PM)*	77. CRASH OCCURRED	DATE	TIME *(Include AM or PM)*

78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR

☐ ORALLY ☐ IN WRITING *(Explain)*

79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE?

☐ NO ☐ YES *(Explain)*

80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS?

☐ YES ☐ NO *(Explain)*

81. DID THE OPERATOR, WHILE EN ROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED?

☐ NO ☐ YES *(Explain)*

82. COMPLETED BY DRIVER'S SUPERVISOR

a. DID THIS CRASH OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY?

☐ YES ☐ NO

b. COMMENTS

83a. NAME AND TITLE OF SUPERVISOR	83b. SUPERVISOR'S SIGNATURE	83c. DATE	83d. TELEPHONE NUMBER

SECTION XI - CRASH INVESTIGATION DATA

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

85. PERSONS INTERVIEWED

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

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

SECTION XII - ATTACHMENTS

87. LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

88. REVIEWING OFFICIAL'S COMMENTS

89. CRASH INVESTIGATOR		90. CRASH 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. TELEPHONE NUMBER	EXTENSION	f. TELEPHONE NUMBER	EXTENSION
g. E-MAIL ADDRESS		g. E-MAIL ADDRESS	