MOTOR VEHICLE ACCIDENT REPORT	*Please read the Privacy Act Statement on Page 3*	**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 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? ☐ 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 NO./ TAX IDENTIFICATION NO.	14. DRIVER'S LICENSE NO./STATE/LIMITATIONS

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

24. VEHICLE IS ☐ CO-OWNED ☐ RENTAL ☐ LEASED ☐ 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)*

A

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

30. ADDRESS

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

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 ☐ KILLED ☐ INJURED ☐ DRIVER ☐ HELPER ☐ PASSENGER ☐ PEDESTRIAN	42. IN WHICH VEHICLE ☐ FED ☐ OTHER (2)	43. LOCATION IN VEHICLE	44. FIRST AID GIVEN BY

45. TRANSPORTED BY	46. TRANSPORTED TO

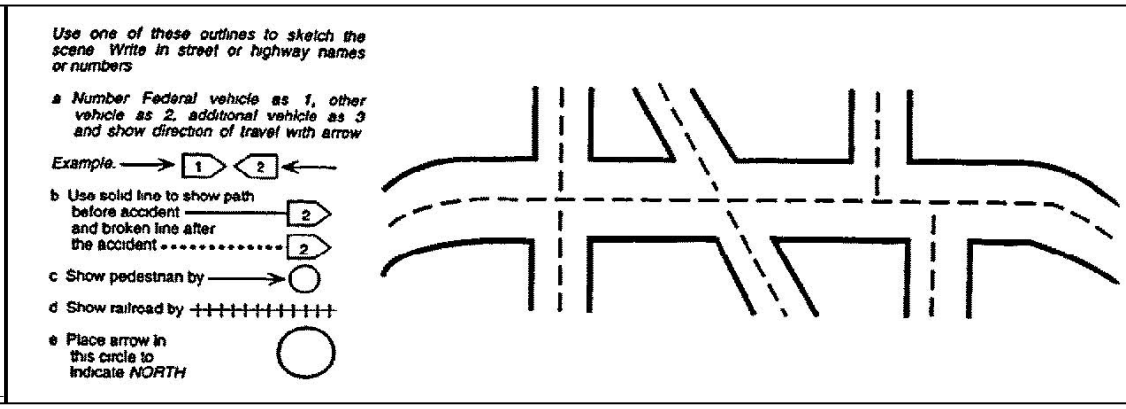
47. Pedestrian

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 *(crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)*		

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 ☐ AM ☐ PM	

51. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED



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

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 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 information 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 the 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

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

78. AUTHOURITY 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 ENROUTE, 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 ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY?

☐ YES
☐ NO

b. COMMENTS

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

SECTION XI - ACCIDENT 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. 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