

DATA BEARING UPON SCOPE OF EMPLOYMENT OF MOTOR VEHICLE OPERATOR

This form is to be completed by the operator at the time and at the scene of the accident, insofar as possible, and attached to the completed Standard Form 91, Operator's Report of Motor Vehicle Accident. See the Privacy Act Statement below.

SECTION I OPERATOR DATA	1. NAME		2. TITLE AND JOB CLASSIFICATION			
	3. AGENCY NAME		BEGINNING DATE OF DUTY	4. ESTABLISHED WORKING HOURS	FROM <small>a.m. p.m.</small>	TO <small>a.m. p.m.</small>
	5. IMMEDIATE SUPERVISOR'S NAME		6. SUPERVISOR'S TITLE			
SECTION II VEHICLE DATA	7. VEHICLE OWNERSHIP <i>(Mark "X" in appropriate block)</i>		8. IF ITEM 7b IS MARKED, IS TITLE OF VEHICLE REGISTERED IN OPERATOR'S NAME <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "No," give details as to how the vehicle is titled:</i>			
	a. GOVERNMENT OWNED	<i>Give vehicle identification number</i>				
	b. NOT GOVERNMENT OWNED	<i>Give vehicle license number</i>				
	9. VEHICLE WAS ASSIGNED TO OPERATOR BY <i>(Mark one)</i>		10. AUTHORITY FOR OPERATOR'S USE OF VEHICLE WAS GIVEN <input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING <i>Give details:</i>			
a. GSA MOTOR POOL	<i>Give motor pool location</i>					
b. OTHER ACTIVITY	<i>Name of activity that assigned vehicle</i>					
SECTION III DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED	11. ORIGIN		12. DESTINATION			
	13. EXACT PURPOSE OF TRIP			14. TRIP BEGAN		
				DATE	TIME <small>a.m. p.m.</small>	
				15. ACCIDENT OCCURRED		
				DATE	TIME <small>a.m. p.m.</small>	
16. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING <i>Give details:</i>		17. WAS THERE ANY DEVIATION FROM DIRECT ROUTE <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If "Yes," explain in detail:</i>				
18. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "No," explain:</i>		19. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED <input type="checkbox"/> NO <input type="checkbox"/> YES <i>If "Yes" explain:</i>				

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory, as it is the first step in the Government's investigation of a motor vehicle accident. The principle purposes for which the information is intended to be used are to provide necessary data for use by legal counsel in legal actions resulting from accidents and to provide accident information/statistics for use in analyzing accident causes and developing methods of reducing accidents. Routine use of the information may be by Federal, State or local governments or agencies, when relevant to civil, criminal, or regulatory investigations or prosecution.

20. GIVE FULL DETAILS OF THE AUTHORITY FOR, NATURE OF, AND CIRCUMSTANCES SURROUNDING THE TRIP, NOT COVERED ABOVE OR ON THE ACCOMPANYING SF 91 *(continued on the reverse)*

The information contained herein is true and correct to the best of my knowledge and belief.	OPERATOR	DATE
	<i>Sign here</i> ▶	
	OPERATOR'S SUPERVISOR	DATE
	<i>Sign here</i> ▶	