	MOTOR VEHICLE CCIDENT REPOR	Privacy A	ct State-	items 72 filled out exceeding	thru 82c by an ac \$500.	Section are fill cident	ed on by nvestigat	the oper	ed out ator's odily in	superviso njury, fatal	enicie o or. Sect lity, and	ion XI thru XIII are l/or damage
				SECTIO	N I - FED		EHICLE I					
1. DRIVER'S NAME (Last, first, middle)							2. DRIVER'	S LICENSE	NO./ST	ATE/LIMITA	TIONS	DATE OF ACCIDENT
4a.	DEPARTMENT/FEDER	AL AGENCY PERM	MANENT OFFI	CE ADDRESS	5					4b. WORK		NE NUMBER
5. T	AG OR IDENTIFICATION	ON NUMBER	6. EST. RE	PAIR COST	7. YEAR OF VEHICLE 8. MAKE				9. MODEL		10. SEAT BELTS USED	
11.	DESCRIBE VEHICLE D	AMAGE					I					
		SECTION I	I OTHER	VEHICI E	DATA //	Ico Soc	tion VIII i	f addition	nal cn	aco is noo	dod)	
12.	DRIVER'S NAME (Las		II - OTTIEK	VEHICLE	13. SOCIA	L SECUR				CENSE NO./S		MITATIONS
15a	. DRIVER'S WORK AD	DDRESS										ONE NUMBER
16a	. DRIVER'S HOME AD	DRESS					() 16b. HOME TELEPH				ONE NUMBER	
										()		
17.	DESCRIPTION OF VEI	HICLE DAMAGE							18. ESTIMATED REPAIR COST \$			
19.	YEAR OF VEHICLE	20. MAKE OF VE	HICLE			21. MOI	EL OF VEH	OF VEHICLE 22. TAG NUMBER AND STATE				
23a	. DRIVER'S INSURAN	L CE COMPANY NAI	ME AND ADD	RESS						23b. POLIC	Y NUMBE	R
										23c. TELEP	HONE NU	MBER
24.	VEHICLE IS CO-OWNED	RENTAL		25a.OWNER	'S NAME(S	S) (Last, f	rst, middle)			25b. TELEP	HONE NU	MBER
	LEASED	PRIVATELY	/ OWNED							()		
26.	OWNER'S ADDRESS(
		SECTION	III - KILLE	D OR IN II	IRFD (IIs	se Sect	ion VIII if	addition	al sna	ce is need	led)	
	27. NAME (Last, first, middle)				JKED (OS	<u> </u>	<u> </u>	addition	ur spa	28. SEX		TE OF BIRTH
	30. ADDRESS											
Α	31. MARK "X" IN TWO APPROPRIATE BOXES 32. IN WHICH VEHICLE PASSENGER FED							34. FI	4. FIRST AID GIVEN BY			
	INJURED HELPER PEDESTRIAN OTHER (2) 35. TRANSPORTED BY 36. TRANSPORTED TO											
	37. NAME (Last, first	, middle)								38. SEX	39. DA	TE OF BIRTH
	40. ADDRESS											
В	41. MARK "X" IN TWO APPROPRIATE BOXES 42. IN WHICH VEHICLE FED DRIVER PASSENGER FED					43. LOC	OCATION IN VEHICLE 44. FIRST AID GIVEN BY					
	INJURED HELPER PEDESTRIAN OTHER (2) 45. TRANSPORTED BY 46. TRANSPORTED TO											
	a. NAME	OF STREET OR H	IIGHWAY					RECTION C	OF PEDE		V corner t	o NE corner, etc.)
47.	. Pedes-						ROM			ТО		
	trian c. DESC	RIBE WHAT PEDES g, walking, hitchhi		DOING AT T	IME OF AC	CIDENT	(Crossing in	tersection	with sig	nal, against :	signal, dia	gonally; in roadway

SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is ne	eded.)	
48. DATE OF ACCIDENT 49. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection business, residential, open country, etc.); Road description).	on; Kind	of loc	ality (industrial,
50. TIME OF ACCIDENT			
AM PM			
51. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED	52. F	OIN.	T OF IMPACT
Use one of these outlines to sketch the scene Write in street or highway names or numbers			ck one for vehicle)
a Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow	FED	2	AREA
b Use solid line to show path before accident 2			a. Front b. R. Front
before accident 2 and broken line after the accident 2			c. L. Front
c Show pedestnan by ————			d. Rear
d Show railroad by ++++++++++			e. R. Rear
e Ptace arrow in this circle to			f. L. Rear
indicate NORTH			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, approximation on posted speed limit, approximation on posted speed limit.	ate spe	ed of t	

	SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)									
	54. NAME (Last, first, middle)	55. WORK TEI	EPHONE NUMBER	56. HOME TELEPHONE NUMBER						
Α		()		()						
	57. WORK ADDRESS		58. HOME ADDRESS							
	EO NAME (Lost first middle)		40 WORK TEI	EPHONE NUMBER	61. HOME TELEPHONE NUMBER					
	59. NAME (Last, first, middle)	OU. WORK TEI	EPHONE NUIVIBER	01. HOWE TELEPHONE NOWIBER						
В		()		()						
D	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)			ELEPHONE NUMBER	64c. HOME TELEPHONE NUMBER					
	, , , ,		()		()					
640	I. WORK ADDRESS		,	64e. HOME ADDRESS						
0.0	WORK ABBRESS			o te. Home Abbites						
65a	. NAME OF INSURANCE COMPANY		65b. TELEPHO	NE NUMBER	65c. POLICY NUMBER					
			()							
66.	ITEM DAMAGED	67. LOCATION OF DAMAG	ED ITEM		68. ESTIMATED COST					
_	SECTION VII - POLICE INFORMATION									
692	I. NAME OF POLICE OFFICER	SECTION	69b. BADGE N		69c. TELEPHONE NUMBER					
O/U. NAINE OF FOLIOE OFFICER			O 7 D. BADGE II	IONIDER	,)					
	PRECINCT OR LIFAROUARTERS		74 PERSON	OLIA DOED MUTIL A COLDENIT	()					
70.	PRECINCT OR HEADQUARTERS		/ Ta. PERSON	CHARGED WITH ACCIDENT	71b. VIOLATION(S)					
_			1							

^{53.} DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the 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 U-turn, passing, stopped in traffic, etc.)

		SECTION VIII - E	XTRA DETAILS				
SPACE FOR DETAILED A PAPER.	NSWERS. INDICATE SECTION A	ND ITEM NUMBER FOR EA	ACH ANSWER. IF MORE S	SPACE IS NEEDED, CONTIN	IUE ITEMS ON PLAIN BOND		
		PRIVACY ACT	STATEMENT				
The information on	this form is subject to the	Privacy Act of 1974	(5 U.S.C. section 5	52a). Authority to co	ollect the information is		
administer motor ve	ion 491 and title 31 U.S.(hicle programs, including i	maintaining records o	on accidents involvin	g privately owned and	d Federal fleet vehicles,		
and collecting accide	ent claims resulting from a he performance of their of	ccidents. Federal er	mplovees, and emplo	vees under contract.	will use the		
appropriate Federal,	State, or local agencies of	r contractors when re	elevant to civil, crimi	inal, or regulatory inv	estigations or		
prosecutions; the Of of Congress or staff	ffice of Personnel Manage in response to a request f	ment and the Genera for assistance by the	I Accounting Office individual of record:	for program evaluatio another Federal ager	n purposes; a Member ncv. including the		
Departments of Trea	sury and Justice, or a cou	urt under judicial prod	ceedings; agency Ins	pectors General in co	inducting audits; private		
offices for fiscal ma	tion agencies (including a nagement and debt collect	tion. Furnishing the i	requested informatio	n is mandatory, inclu-	ding the Social Security		
Number or Taxpayer firms in the system.	's Identification Number (TIN) for use as a unio	que identifier to ensu	ire accurate identifica	tion of individuals or		
— January Chief System.							
L cortify that the inf	SEC ormation on this form (Sec	TION IX - FEDERAL D			oliof		
72a. NAME AND TITLE C		cuons i una vini is ci	72b. DRIVER'S SIGNATU	RE AND DATE	eller.		
73. ORIGIN	SECTION X - DE	TAILS OF TRIP DUR	ING WHICH ACCIDE 74. DESTINATION	NT OCCURRED			
73. Oktobe			74. DESTINATION				
75. EXACT PURPOSE OF	TRIP						
	DATE	TIME (Include AM or PM)		DATE	TIME (Include AM or PM)		
76. TRIP BEGAN		(77. ACCIDENT		(morado 7 mm er 7 mg		
			OCCURRED				
78. AUTHORITY FOR TH	TRIP WAS GIVEN TO THE OPER	RATOR	79. WAS THERE ANY DE	EVIATION FROM DIRECT RO	OUTE?		
ORALLY	IN WRITING (Explain)		□ NO	YES (Explain)			
80. WAS THE TRIP MAD	E WITHIN ESTABLISHED WORKIN	IG HOURS?	81. DID THE OPERATOR	, WHILE ENROUTE, ENGAG	E IN ANY ACTIVITY OTHER		
VEC NO (Finding)			THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED?				
YES	NO (Explain)		│	YES (Explain)			
	Ι						
82. COMPLETED	a. DID THIS ACCIDENT (OCCUR WITHIN THE	EMPLOYEE'S SCOP	E OF DUTY			
BY DRIVER'S SUPERVISOR	YES TO THE STATE OF THE STATE O						
	□ NO						
83a. NAME AND TITLE C	F SUPERVISOR	83b. SUPERVISO	R'S SIGNATURE AND DA	TE	83c. TELEPHONE NUMBER		

CECT	ON XI - ACCIDE	NT INVESTIGATION	Ν ΡΑΤΑ	
84. DID THE INVESTIGATION DISCLOSE CONFLICTING INF			f checked, explain below.)	
			,	
	85. PERSON	NS INTERVIEWED		
NAME	DATE		NAME	DATE
a.		c.		
b.		d.		
86. ADDITIONAL COMMENTS (Indicate section and item nu	mber of reach comm	ent).		-
	CECTION VII	ATTACUNATNITO		
87. LIST ALL ATTACHMENTS TO THIS REPORT	SECTION XII	- ATTACHMENTS	<u>'</u>	
O7. LIST ALE ATTACHMENTS TO THIS KEI OKT				
SI	CTION XIII - CO	OMMENTS/APPRO	VALS	
88. REVIEWING OFFICIAL'S COMMENTS				
89. ACCIDENT INVESTIGATO)R		90. ACCIDENT REVIEW	ING OFFICIAL
a. SIGNATURE	b. DATE	a. SIGNATURE	O. MOOIDEITI REVIEW	b. DATE
c. NAME (First, middle, last)		c. NAME (First, mi	iddle, last)	L
• • • • • • •		,		
d. TITLE		d. TITLE		
···				
e. OFFICE		e. OFFICE		
5. 5. TISE		C. OITIOL		
f. OFFICE TELEPHONE NUMBER	EVTENCION	1054	OFFICE TELEPHONE	
AREA CODE NUMBER	EXTENSION	AREA CODE	NUMBERf.	EXTENSION