

U.S. Department of State
OVERSEAS MOTOR VEHICLE MISHAP REPORT

If a motor vehicle mishap results in injury or death to any employee, including tenant agency employees, family member, contractor, or local national, a DS-1663, Report of Mishap, is also required for each individual injured or killed in the mishap. A DS-1663 is not required for minor/first aid injuries. Submit the DS-1663 concurrently with the Motor Vehicle Mishap Report.

Police Report - If received, please include a copy.

Mishap Information Blocks:

Post - Provide post name for overseas mishaps.

Mishap Date - Provide all dates in mm-dd-yyyy format.

Mishap Time - Provide all times in hh:mm. Check a.m. or p.m.

Same Day - Identify whether the driver's shift started on the same date as the mishap occurred.

Official Vehicle Driver Information Blocks:

Agency/Organization - Driver's agency/organization for reporting damaged property

Last Safe Driver Training - If the official vehicle driver has not attended a SHEM or Post safe driver training session, enter "None" under the "Last Safe Driver Training" field. Do not include DS-related training in this field.

Last Medical Screening - If the driver's only medical screening exam was at the time of hiring, please enter the date hired for the "Last Medical Screening" field.

Last Operator Evaluation - Enter the date of the most recent operator evaluation.

Estimated Vehicle Speed (KPH) - At the time of impact.

Government Vehicle Data Blocks:

"Other" vehicle includes rental vehicles, taxis, or any other non-government-owned vehicle used in the conduct of official government business.

Mishap Description

Police Report - If received, please include a copy.

Fax to: 703-516-1787 **Mail to:** SHEM Director (OBO/OM/SHEM)
U.S. Department of State
Washington, DC 20522-6011

Be sure to retain an original copy for your files.

PRIVACY ACT STATEMENT

AUTHORITY: The occupational Safety and Health Act of 1970 (29 U.S.C. 657, 673); Secretary of Labor's Order No.12-71 (36 FR 8754), 8-76 (441 FR 25059), or 9-83 (48 FT 35736) and Code of Federal Regulations, Occupational Safety and Health Administration, Labor (29 1904, 1-22). The DS-1664, Overseas Motor Vehicle Mishap Report (15 FAM 963) is required whenever a motor vehicle mishap occurs that results in personal injury (excluding a minor/first aid injury), or vehicle or property damage is excess of \$1,000.

PURPOSE: The principle purpose of the Overseas Motor Vehicle Mishap Report is to inform the safety and health official of fatalities, serious injuries or property damage associated with official vehicle operations. Sufficient details must be provided to help prevent future occurrences. It is also used to insure that supervisors are aware of their safety/health responsibilities.

ROUTINES USES: These reports are used to provide statistical information to the Department of Labor in the Department's Safety and Occupational Health Annual Report. This report is designed to document and measure the progress of the safety program. Mishap reports are reviewed during program assessments and focus training/assistance efforts on the information contained therein. Sufficient detail is also required to adequately evaluate events to prevent recurrence.

NOTE: The following categories of mishaps must be reported within 12 hours as per 6 FAM 600:

- * Injury or occupational illness resulting in a fatality, permanent total disability or inpatient hospitalization;
- * Property damage of \$50,000 or more;
- * Operations curtailed or shut down for more than 8 hours;
- * Injuries or occupational illnesses, (with lost workdays), involving three or more employees;
- * Any environmental contamination.



OVERSEAS MOTOR VEHICLE MISHAP REPORT

If additional government drivers are involved in this motor vehicle mishap, complete a Motor Vehicle Mishap Report form for each driver. Complete a DS-1663, "Report of Mishap" for each person injured or killed in the mishap.

Check if you are submitting DS-1663.

Police Report on file? Yes No

I. MISHAP INFORMATION

Post	Mishap Date (mm-dd-yyyy)	Mishap Time (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Reported On (SHEM Use Only)
Visibility <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight	Weather <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Sand <input type="checkbox"/> Snow		
Road Condition <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Sand <input type="checkbox"/> Unpaved Road	Location Type <input type="checkbox"/> Intersection <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Highway <input type="checkbox"/> Lot/Yard		
Specific Location	Seatbelts Worn? Driver <input type="checkbox"/> Yes <input type="checkbox"/> No Passenger(s) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

II. OFFICIAL VEHICLE DRIVER INFORMATION

Driver Name (Last, First, MI.)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Agency/Organization	
HR Category: <input type="checkbox"/> FS <input type="checkbox"/> GS <input type="checkbox"/> FSN <input type="checkbox"/> EMF <input type="checkbox"/> PSC <input type="checkbox"/> CON <input type="checkbox"/> Other _____		Job Title	
Years Employed or Date Hired (mm-dd-yyyy)	Last Medical Screening (mm-dd-yyyy)	Last Safe Driver Training (mm-dd-yyyy)	Last Operator Evaluation (mm-dd-yyyy)
Estimated Vehicle Speed (KPH)	Shift Start Time (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Same Day <input type="checkbox"/> Yes <input type="checkbox"/> No		Age or Date Of Birth (mm-dd-yyyy)

III. OFFICIAL VEHICLE DATA

Year of Vehicle	Manufacturer	Model	Ownership: <input type="checkbox"/> GOV <input type="checkbox"/> POV <input type="checkbox"/> Other _____
Type of Vehicle: <input type="checkbox"/> Sedan <input type="checkbox"/> SUV <input type="checkbox"/> Truck <input type="checkbox"/> Bus <input type="checkbox"/> Sports <input type="checkbox"/> Compact <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____			
Vehicle License Number	Armor: <input type="checkbox"/> FAV <input type="checkbox"/> LAV <input type="checkbox"/> None	Estimated Repair Cost	

Description of Vehicle Damage

IV. OTHER PROPERTY DAMAGE (NON-VEHICULAR)

Name of Owner (Enter GO for Government Property)	Address	Telephone Number
--	---------	------------------

Description of Property, Damage and Estimated Repair/Replacement Cost

V. OTHER DRIVERS AND VEHICLE INFORMATION

Vehicle -1 Driver's Name			Owner's Address			Phone Number		
Tag or ID Number			Year of Vehicle			Manufacturer/Model		
Type of Vehicle <input type="checkbox"/> Sedan <input type="checkbox"/> SUV <input type="checkbox"/> Truck <input type="checkbox"/> Bus <input type="checkbox"/> Sports <input type="checkbox"/> Compact <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____						Estimated Repair Cost		
Description of Damage								
Vehicle - 2 Driver's Name			Owner's Address			Phone Number		
Tag or ID Number			Year of Vehicle			Manufacturer/Model		
Type of Vehicle <input type="checkbox"/> Sedan <input type="checkbox"/> SUV <input type="checkbox"/> Truck <input type="checkbox"/> Bus <input type="checkbox"/> Sports <input type="checkbox"/> Compact <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____						Estimated Repair Cost		
Description of Damage								
Vehicle - 3 Driver's Name			Owner's Address			Phone Number		
Tag or ID Number			Year of Vehicle			Manufacturer/Model		
Type of Vehicle <input type="checkbox"/> Sedan <input type="checkbox"/> SUV <input type="checkbox"/> Truck <input type="checkbox"/> Bus <input type="checkbox"/> Sports <input type="checkbox"/> Compact <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____						Estimated Repair Cost		
Description of Damage								




VI. WITNESSES



Witness - 1		Telephone Number	Address
Witness - 2		Telephone Number	Address
Witness - 3		Telephone Number	Address

VII. MISHAP DESCRIPTION

Indicate on this diagram how the mishap occurred


Use this outline to sketch the scene. Write in street or highway names or numbers.

a. Number the government vehicle(s) as G1, G2, etc. and other vehicle(s) as O1, O2, etc. E.g.
 G1 , O1 , O2 

b. Use solid line to show vehicle path before the mishap: _____ 
 Use a broken line to show path after the mishap: 

c. Show any pedestrian(s) by **O**

d. Show any railroad by **-+--+--+--+**

e. Place a bold arrow in the diagram to indicate
 NORTH 

Narrative Description of Mishap. *Provide information on vehicle speeds, posted speed limits, traffic controls, and driver actions.*

Corrective Action(s) Taken. *Describe recommended actions that will prevent recurrence of a similar mishap in the future, whether or when these actions have been implemented.*

VIII. SUPERVISOR/POSHO INFORMATION

Supervisor's Name

POSHO's Name

Supervisor's Signature and Date (mm-dd-yyyy)

POSHO's Signature and Date (mm-dd-yyyy)