

The issuance of this information shall be for OFFICIAL USE ONLY. Full names will be used in the report. Do not use the initials or short versions of first names. For assistance with this report, please contact your Collateral Duty Safety and Health Officer.

SERIOUS ACCIDENT PRELIMINARY REPORT

1. TYPE OF ACCIDENT		2. TIME OF ACCIDENT <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		3. DATE OF ACCIDENT	4. LOCATION OF ACCIDENT
5. NAME OF APHIS EMPLOYEE INVOLVED (<i>give full name</i>)				6. ORGANIZATION OF EMPLOYEE/ADDRESS	
7. SPECIFICS OF EMPLOYEE INJURIES					
8. IF FATALITY, GIVE NAME OF NEAREST RELATIVE			9. HOME ADDRESS		10. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
11. AGE					
IF VEHICLE WAS INVOLVED:					
12. MAKE OF VEHICLE		13. YEAR	14. BODY STYLE	15. CHECK ONE <input type="checkbox"/> APHIS vehicle <input type="checkbox"/> Rented vehicle <input type="checkbox"/> GSA leased vehicle <input type="checkbox"/> Private vehicle	
16. POLICE ORGANIZATION HANDLING ACCIDENT INVESTIGATION			17. ADDRESS OF POLICE ORGANIZATION		
18. ESTIMATED DOLLAR AMOUNT OF DAMAGE TO VEHICLE		19. CONDITION OF VEHICLE			
20. NAME OF OFFICER			21. TELEPHONE NUMBER		
22. APHIS PERSONNEL NOTIFIED OF ACCIDENT					
23. ACCIDENT INFORMATION RECEIVED FROM		24. POSITION	25. TIME RECEIVED	26. DATE RECEIVED	
27. DESCRIPTION OF THE ACCIDENT					
28. NAME AND TITLE OF PERSON PREPARING REPORT			29. TELEPHONE NUMBER		30. DATE