IN CASE OF ACCIDENT

1. Stop immediately.

2. Take steps to prevent another accident at the scene.

3. Call a doctor or ambulance if necessary.

4. Notify police.

5. DO NOT sign any paper or make any statement as to who was at fault (except to your supervisor or to a Federal Government investigator).

6. Get name, and address of each witness. Ask the witness to complete Standard Form 94, Statement of Witness, contained in this envelope.

7. State your name, address, place of employment, name of your supervisor, and upon request show your operator's permit and vehicle registration card. (Note: Only USAREUR IFMS vehicles operating with either USAREUR POV or Host Nation POV license plates have registration cards.)

8. Complete Standard Form 91, Motor Vehicle Accident Report at the scene. If conditions prevent this, make notes of the following:

   a. Registration information for other vehicle(s) (owner's name, tag number, and vehicle description)

   b. Information on other driver (name, address, operator's permit number, and expiration date)

   c. Name and address of each person involved and extent of injury, if any

   d. Name and address of company insuring other vehicle(s) and insurance policy number, and:

   e. General information such as location, time measurements, weather, damage, etc.

9. As soon as possible, notify your supervisor, Transportation Motor Pool (TMP), and the USAREUR IFMS Accident Control Center (ACC) at CIV 0711-729-6191 or DSN 421-6191.

10. If the vehicle is unsafe to operate, call the USAREUR IFMS Fleet Management Center for instructions. If you are unable to contact the USAREUR IFMS Fleet Management Center due to accident occurring after normal duty hours or on holidays, contact one of the authorized recovery services. The recovery service will have the vehicle towed to the nearest authorized repair facility or TMP. The USAREUR IFMS Fleet Management center must be notified concerning the vehicle's location by the next normal duty day.

11. Submit all reports and data to your supervisor within one working day.

12. Injuries should be processed through your agency personnel office using a CA-1 form.

NOTE: **If you are injured, have the police notify your supervisor who will assume your responsibilities for reporting the accident.**

IFMS

Fleet Management Services

MOTOR VEHICLE ACCIDENT REPORT

Please read the Privacy Act Statement on Page 3.

INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72 thru 82c are filled out by the operator's supervisor. Sections XI thru XII 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 VII if additional space is needed.)*

12. DRIVER'S NAME *(Last, first, middle)*
13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS
14a. DRIVER'S WORK ADDRESS
14b. WORK TELEPHONE NUMBER
15a. DRIVER'S HOME ADDRESS
15b. HOME TELEPHONE NUMBER
16. DESCRIBE VEHICLE DAMAGE
17. ESTIMATED REPAIR COST $
18. YEAR OF VEHICLE
19. MAKE OF VEHICLE
20. MODEL OF VEHICLE
21. TAG NUMBER AND STATE
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS
22b. POLICY NUMBER
22c. TELEPHONE NUMBER
23. VEHICLE IS ☐ CO-OWNED ☐ RENTAL ☐ LEASED ☐ PRIVATELY OWNED
24a. OWNER'S NAME(S) *(Last, first, middle)*
24b. TELEPHONE NUMBER
25. OWNER'S ADDRESS(ES)

SECTION III - KILLED OR INJURED *(Use Section VIII if additional space is needed.)*

A

26. NAME *(Last, first, middle)*
27. SEX
28. DATE OF BIRTH
29. ADDRESS
30. MARK "X" IN TWO APPROPRIATE BOXES ☐ KILLED ☐ INJURED ☐ DRIVER ☐ HELPER ☐ PASSENGER ☐ PEDESTRIAN
31. IN WHICH VEHICLE ☐ FED ☐ OTHER (2)
32. LOCATION IN VEHICLE
33. FIRST AID GIVEN BY
34. TRANSPORTED BY
35. TRANSPORTED TO

B

36. NAME *(Last, first, middle)*
37. SEX
38. DATE OF BIRTH
39. ADDRESS
40. MARK "X" IN TWO APPROPRIATE BOXES ☐ KILLED ☐ INJURED ☐ DRIVER ☐ HELPER ☐ PASSENGER ☐ PEDESTRIAN
41. IN WHICH VEHICLE ☐ FED ☐ OTHER (2)
42. LOCATION IN VEHICLE
43. FIRST AID GIVEN BY
44. TRANSPORTED BY
45. TRANSPORTED TO

46. Pedestrian

a. NAME OF STREET OR HIGHWAY
b. DIRECTION OF PEDESTRIAN *(SW corner to NE 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 VIII if additional space is needed.)*

47. DATE OF ACCIDENT	48. 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).*
49. TIME OF ACCIDENT AM PM	

50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. *Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.*

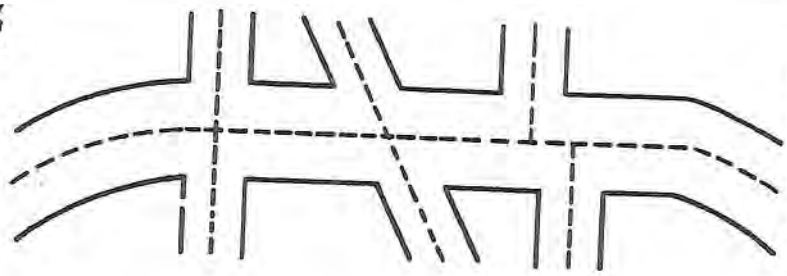
Example: → 1 ⟨ 2 ←

b. Use solid line to show path before accident → 2 and broken line after the accident - - - - - - - - - 2

c. Show pedestrian by →○

d. Show railroad by +++++++++

e. Place arrow in this circle to indicate *NORTH* ○



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

FED	2	AREA
		a. FRONT
		b. R. FRONT
		c. L. FRONT
		d. REAR
		e. R. REAR
		f. L. REAR
		g. R. SIDE
		h. L. SIDE

52. 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 V - WITNESS/PASSENGER *(Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)*

A	53. NAME *(Last, first, middle)*	54. WORK TELEPHONE NUMBER	55. HOME TELEPHONE NUMBER
	56. BUSINESS ADDRESS	57. HOME ADDRESS	
B	58. NAME *(Last, first, middle)*	59. WORK TELEPHONE NUMBER	60. HOME TELEPHONE NUMBER
	61. BUSINESS ADDRESS	62. HOME ADDRESS	

SECTION VI - PROPERTY DAMAGE *(Use Section VIII if additional space is needed.)*

63a. NAME OF OWNER	63b. OFFICE TELEPHONE NUMBER	63c. HOME TELEPHONE NUMBER
63d. BUSINESS ADDRESS	63e. HOME ADDRESS	
64a NAME OF INSURANCE COMPANY	64b. TELEPHONE NUMBER	64c. POLICY NUMBER
65 ITEM DAMAGED	66. LOCATION OF DAMAGED ITEM	67 ESTIMATED COST $

SECTION VII - POLICE INFORMATION

68a NAME OF POLICE OFFICER	68b. BADGE NUMBER	68c. TELEPHONE NUMBER
69 PRECINCT OR HEADQUARTERS	70a. PERSON CHARGED WITH ACCIDENT	70b. 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.

SECTION IX - FEDERAL DRIVER CERTIFICATION

In compliance with the Privacy Act of 1974, 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 the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

I certify that the information on this form *(Sections I thru VIII)* is correct to the best of my knowledge and belief.

71a. NAME AND TITLE OF DRIVER	71b.. DRIVER'S SIGNATURE AND DATE

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN	73. DESTINATION

74. EXACT PURPOSE OF TRIP

75. TRIP BEGAN	DATE	TIME *(Circle one)* a.m. p.m.	76. ACCIDENT OCCURRED	DATE	TIME *(Circle one)* a.m. p.m.

77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR	78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE
☐ ORALLY ☐ IN WRITING *(Explain)*	☐ NO ☐ YES *(Explain)*
79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS	80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED.
☐ YES ☐ NO *(Explain)*	☐ NO ☐ YES *(Explain)*

81. COMPLETED BY DRIVER'S SUPERVISOR	a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY	b. COMMENTS
	☐ YES ☐ NO	

82a. NAME AND TITLE OF SUPERVISOR	82b. SUPERVISOR'S SIGNATURE AND DATE	82c. TELEPHONE NUMBER

SECTION XI - ACCIDENT INVESTIGATION DATA

83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. ☐ YES ☐ NO *(If "Yes", explain below.)*

84. PERSONS INTERVIEWED

NAME	DATE	NAME	DATE
a.		c.	
b.		d.	

85. ADDITIONAL COMMENTS *(Indicate section and item number for each comment.)*

SECTION XII - ATTACHMENTS

LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVAL

86. REVIEWING OFFICIAL'S COMMENTS

87. ACCIDENT INVESTIGATOR	88. ACCIDENT REVIEWING OFFICIAL
a. SIGNATURE AND DATE	a. SIGNATURE AND DATE
b. NAME *(First, middle, last)*	b. NAME *(First, middle, last)*
c. TITLE	c. TITLE
d. OFFICE	d. OFFICE
e. OFFICE TELEPHONE NUMBER	e. OFFICE TELEPHONE NUMBER