

U.S. Postal Service ACCIDENT INVESTIGATION WORKSHEET				THIS FORM IS FOR POSTAL USE ONLY. <i>Copies should not be given to others at scene of accident.</i>			
1	Post Office	Date	Time	Day of Week	Case No.		
2	Exact Location		Road Width	No. Lanes	Traffic Control	Legal Speed	
3	Road Type	Road Conditions			Visibility	Weather	
4	Photos Taken Yes <input type="checkbox"/> No <input type="checkbox"/>	Police Charges	Offenses		To		
	Claim Forms Issued <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		By (Officer's Name, Badge No., and Precinct)				
5	Witness Name, Age, Address, and Telephone No. (Include Apt./Suite No.)			Passenger Name, Age, Address, and Telephone No. (Include Apt./Suite No.)			
	Injured or Killed (Private Party Only) (Name and Address) (Include Apt./Suite No.)			(Sex)	First Aid By		
6				(Age)	Taken To (Doctor or Hospital)		
					Taken By		
7	Contact Point (Postal Vehicle)			(Other Vehicle)			
8	P.O. Operator Was Going (From)			(To)			

OTHER VEHICLE(S) (If More Than One Use Additional Sheet For Each Vehicle)							
9	Driver's Name (Other)			Age	Owner's Name, Address and Telephone No. (Include Apt./Suite No.)		
	Street Address (Include Apt./Suite No.)			Sex			
	City, State, and Zip+4 Code			Telephone No.			
10	Driver License (State and No.)			Expiration Date	Public Liability Insurance Company and Address (Include Apt./Suite No.)		
11	Driver's Condition		Seat Belt Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	In Use? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12	Year	Make	Model	Type	Color	Registration (Year, State & No.)	
13	Odometer Reading		Occupants (No.) (Front) (Rear)		Estimated Speed	Distance Danger Noticed	
14	Travel Direction		Distance Traveled After Impact (Feet)		Driven Away <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, How moved)		
15	Damage (Other Vehicle(s))						Estimated Cost
16	Statement (Other Driver)						

The collection of this information is authorized by 39 USC 401. The information will be used to record and resolve the circumstances relating to the accident and to evaluate your driving skills. As a routine use, the information may be disclosed to an appropriate law enforcement agency for investigative or prosecutive purposes, to a congressional office at your request, to OMB for review of private relief legislation, to GSA when one of its automobiles is involved in an accident, to a labor organization required by NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party. Provision of the requested information is mandatory; failure to do so may result in disciplinary action.

POSTAL VEHICLE AND EMPLOYEE										
17	Employee's Name (Last, first, middle)				Age	Position Title			Service Type	
18	Government License No.			Expiration Date			Restriction			
19	State Driver's License No.			Expiration Date			Restriction			
20	Hours on Duty at Time of Accident		Driving Experience (<i>This Type Vehicle</i>)			PS Driving Exp.		Extent of Injuries (<i>Operator</i>)		
21	Liability Insurance Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No			Insurance Company's Name					Policy Number	
22	Was Investigation at Scene? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was Driver Cooperative? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was Vehicle Equipped with Seat Belts <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Were they in use at time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	Year	Make	Vehicle No.	Odometer Reading	RHD	LHD <input type="checkbox"/>	No. Occupants (<i>Front</i> <i>Rear</i>)		Estimated Speed	
24	Distance Danger Noticed		Direction of Travel		Distance Traveled After Impact (<i>Feet</i>)		Vehicle Defects Prior to Impact			
25	Nature and Extent of Damage								Estimated Cost	
									Estimated Time (<i>Out of Service</i>)	

ACCIDENT DESCRIPTION										
26	USPS Investigator (<i>Print or Type</i>)				Telephone No. (<i>Area Code if Non-PEN</i>)		Time of Call		Arrived at Scene	
27	Description of How Accident Occurred, If Applicable, Give Traffic Law(s) Violated. Include Sketch on Page 4.									
CUSTOMER OR PROPERTY DAMAGE (<i>Not Motor Vehicle</i>)										
28	Sex	Age	Approx. Height	Condition of Customer or Property When Investigator Arrived at Scene						
29	Statement Made by Witness									
30	Damage to Property Other Than Motor Vehicles									

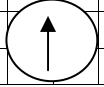
31	Customer's Name and Address, or Site of Property Damage <i>(Include Apt/Ste No., and Zip+4)</i>	Birth Date	Male <input type="checkbox"/> Female
32	Was Employee Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," complete Item 17)</i>		
33	Is Premises Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," attach copy of lease)</i>		
34	Was Customer Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," complete Item 6)</i>		
35	Nature of Injury		
36	Was Employee Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," complete Item 17)</i>		
37	Witness to Accident <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," complete Item 5 and 29)</i>		
38	Activity of customer prior to accident <i>(Describe)</i> <input type="checkbox"/> Walking <input type="checkbox"/> Running <input type="checkbox"/> Horse play involved		
39	Structural factors - Building defects, sidewalks, steps, lighting, docks, or other if contributory to accident. Handrail available: Used <i>(Describe)</i>		
40	Custodial factors - Cleaning, waxing, mopping, lobby equipment if contributory to accident. Warning signs displayed. <i>(Describe)</i>		
41	Weather factors - Rain, snow, ice, or any uncomfortable element if contributory to accident. <i>(Describe)</i>		
42	Human factors - Illness, physical, psychological, or medication used if contributory to accident. <i>(Describe)</i>		

CONCLUSIONS			
43	Fix Responsibility and state reason why <i>(In your opinion)</i>		
44	Recommended that claim be allowed, if filed <i>(In your opinion)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Recommend that claim be filed against private party <input type="checkbox"/> Yes <input type="checkbox"/> No	Third party claim involved <input type="checkbox"/> Yes <input type="checkbox"/> No
45	Investigator's Printed Name and Signature	Title and Official Telephone No. <i>(Area Code if Non-PEN)</i>	Date

FIELD SKETCH (Use appropriate one)

#1 - POSTAL VEHICLE

#2 - PRIVATE VEHICLE



INDICATE NORTH

INDICATE
Width of roadway
traffic flow,
parked vehicles,
traffic signs or
signals, etc

OBTAIN ACCURATE
MEASUREMENTS FROM
FIXED OBJECTS

ALSO INDICATE
approach of vehicles, point
of impact and place where
vehicles stopped after
accident