

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Charges	Offense		To		
	Claim Forms Issued <input type="checkbox"/> Yes <input type="checkbox"/> No		By (Officer's Name, Badge No., and Precinct)				
5	Witness Name, Age, Address & Telephone No. (Include Apt./Suite No.)			Passenger Name, Address & 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 & No.)			Expiration Date	Public Liability Insurance Company and Address (Include Apt./Suite No.)			
11	Driver's Condition		Was 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 Notice		
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. This information will be used to record and resolve the circumstances relating to the accident and to evaluate your driving skills. As a routine use, this 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 the 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				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 <input type="checkbox"/>	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 Accident			
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 Occured, 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 on Scene
29	Statement Made by Witness			
30	Damage to Property Other Than Motor Vehicle			

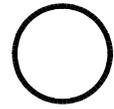
31	Customer's Name and Address, or Site of Property Damage <i>(Include Apt./Suite No. and ZIP+4)</i>	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
32	Was employee involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," complete Item 17)</i>		
33	Is 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	Property damage <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," complete Item 30)</i>		
37	Witness to accident <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," complete Items 5 & 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 other uncontrollable 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.