

U.S. Postal Service®
ACCIDENT INVESTIGATION WORKSHEET

THIS FORM IS FOR POSTAL SERVICE™ USE ONLY.
Copies should not be given to others at scene of accident.

1	Post Office™	Date	Time	Day of Week	Case No.
2	Exact Location of Incident		No. Lanes	Traffic Control	Speed Limit
3	Road Type	Road Conditions		Visibility	Weather
4	Photos Taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Charges Offense _____ To _____ 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.)	
6	Injured or Killed (Private Party Only) (Name and Address) (Include Apt./Suite No.) Unknown or N/A <input type="checkbox"/>		Sex N/A <input type="checkbox"/> Age N/A <input type="checkbox"/>	First Aid By Unknown or N/A <input type="checkbox"/> Taken To (Doctor or Hospital) Unknown or N/A <input type="checkbox"/> Taken By Unknown or N/A <input type="checkbox"/>	
7	Contact Point (Postal Vehicle)		(Other Vehicle)		
8	Post Office Operator Was Going (From) _____ (To) _____				

OTHER VEHICLE(S)					
9	Driver's Name (Other) Unknown or N/A <input type="checkbox"/>		Age N/A <input type="checkbox"/>	Owner's Name, Address and Telephone No. (Include Apt./Suite No.) Unknown or N/A <input type="checkbox"/>	
	Street Address (Include Apt./Suite No.) Unknown or N/A <input type="checkbox"/>		Sex N/A <input type="checkbox"/>		
	City, State and ZIP + 4® Unknown or N/A <input type="checkbox"/>		Telephone No. N/A <input type="checkbox"/>		
10	Driver License (State & No.)		Expiration Date	Liability Insurance Company and Address	
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 Unknown or N/A <input type="checkbox"/>	Model N/A <input type="checkbox"/>	Type N/A <input type="checkbox"/>	Color N/A <input type="checkbox"/>	Registration (Year, State & No.) Unknown or N/A <input type="checkbox"/>
13	Odometer Reading Unknown or N/A <input type="checkbox"/>	Occupants (No.) (Front) (Rear)	Unknown or N/A <input type="checkbox"/>	Estimated Speed N/A <input type="checkbox"/>	Distance Danger Notice Unknown or N/A <input type="checkbox"/>
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))				
16	Statement (Other Driver)				

Privacy Act Statement: Collection of information requested on this form is authorized by 39 U.S.C. 401, 410, 1001, and 1005. The information will be used to record and resolve the circumstances relating to an accident. Providing the information is mandatory; failure to do so may result in corrective action. We may disclose this information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel.

POSTAL VEHICLE AND EMPLOYEE							
17	Employee's Name			Age	Position Title		Service Type
18	State Driver's License No.		Expiration Date		Restriction		
19	Hours on Duty at Time of Accident	Driving Experience (<i>This Type Vehicle</i>)		Postal Service Driving Exp.	Extent of Injuries (<i>Operator</i>)		
20	Liability Insurance Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No		Insurance Company's Name		Policy Number		
21	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
22	Year	Make	Vehicle No.	Odometer Reading	RHD <input type="checkbox"/>	LHD <input type="checkbox"/>	No. Occupants (Front) (Rear) Estimated Speed
23	Distance Danger Noticed		Direction of Travel		Distance Traveled After Impact (Feet)		Vehicle Defects Prior to Accident
24	Nature and Extent of Damage						

ACCIDENT DESCRIPTION					
25	USPS Investigator Name (<i>Print or Type</i>)		Telephone No. (<i>Include Area Code</i>)	Time of Call	Arrived at Scene
26	Description of How Accident Occurred				

CUSTOMER OR PROPERTY DAMAGE (<i>Not Motor Vehicle</i>)				
27	Sex	Age	Approx. Height	Condition of Customer or Property When Investigator Arrived on Scene
28	Statement Made by Witness			
29	Damage to Property Other Than Motor Vehicle			

30	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
31	Was employee involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," complete Item 17)</i>		
32	Is premises leased? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," attach copy of lease)</i>		
33	Was customer injured? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," Complete Item 6)</i>		
34	Nature of injury		
35	Property damage <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," complete Item 30)</i>		
36	Witness to accident <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," complete Items 5 & 28)</i>		
37	Activity of customer prior to accident <i>(Describe)</i> <input type="checkbox"/> Walking <input type="checkbox"/> Running <input type="checkbox"/> Horse play involved		
38	Structural factors -- Building defects, sidewalks, steps, lighting, docks, or other if contributory to accident. Handrail available: Used <i>(Describe)</i>		
39	Custodian factors -- Cleaning, waxing, mopping, lobby equipment if contributory to accident. Warning signs displayed. <i>(Describe)</i> Was Custodian on-duty at time of incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes", request a written statement from the custodian and provide the full name of custodian.)</i> Last Name: _____ First Name: _____ MI: _____		
40	Weather factors -- Rain, snow, ice or any other uncontrollable element if contributory to accident. <i>(Describe)</i>		
41	Human factors -- Illness, physical, psychological, or medication used if contributory to accident. <i>(Describe)</i>		

CONCLUSIONS			
42			
43	Investigator's Printed Name and Signature	Title and Official Telephone No. <i>(Include Area Code)</i>	Date <i>(MM/DD/YYYY)</i>

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.