

**Use Ball Point Pen to Complete. Press Hard.**

Carefully read instructions in the attached booklet. Items marked with an asterisk (*) must be answered using codes in the attached booklet.		U.S. POSTAL SERVICE <b>ACCIDENT REPORT</b>
1. Post Office, Station, Branch, Unit (City, State and Zip + 4) _____	2. Finance Number _____	3. Installation ID _____
4. Accident Number _____		

**General Information**

5. Kind of Accident 1. <input type="checkbox"/> Motor Vehicle 2. <input type="checkbox"/> Natural Event 3. <input type="checkbox"/> Industrial 4. <input type="checkbox"/> Other	6. Fire Involved? 1. <input type="checkbox"/> No 2. <input type="checkbox"/> Building & Contents 3. <input type="checkbox"/> Other	7. Accident Resulted in: 1. <input type="checkbox"/> Personal Injury Only 2. <input type="checkbox"/> Property Damage Only 3. <input type="checkbox"/> Personal Injury & Property Damage 4. <input type="checkbox"/> No Case (No Injury/No Damage)	8. Was On-Site Investigation conducted by Immediate Supervisor? 1. <input type="checkbox"/> Yes    2. <input type="checkbox"/> No
9. Ownership of Damaged Property a. Postal    b. Non-Postal * _____	10. Estimated Property Damage (round to nearest dollar) a. Postal    b. Non-Postal \$ _____	11. Accident Date Mo.    Day    Yr. _____	12. Time of Day-24 Hour Military _____
13. Day of Week 1. <input type="checkbox"/> Sun    2. <input type="checkbox"/> Mon    3. <input type="checkbox"/> Tues    4. <input type="checkbox"/> Wed 5. <input type="checkbox"/> Thurs    6. <input type="checkbox"/> Fri    7. <input type="checkbox"/> Sat			

**Accident Location and Conditions**

14. Weather * _____	15. General Description of Accident Area * _____	Where Did Accident Happen? 16. Building * _____	17. Work Location * _____	18. Specific Description of Accident Area * _____	19. Rte/Sched/Op. No. 19a. Delivery Route _____ 19b. Emp. Op. No. _____	20. Light * _____
21. Surface * _____	22. Surface Conditions * _____	23. Circumstances Leading to Injury or Damage * _____	24. Item Causing Actual Injury or Damage * _____	25. Hazardous Situation Directly Related to Accident * _____	26. Defective or Hazardous Equipment or Material Related to the Accident * _____	

**Motor Vehicle Accident Information**

*(If no vehicle was involved in the accident, skip this section) (Items 28, 35 + 36 are reserved)*

27. Total No. of Vehicles Involved _____	28. (Reserved)	29. Vehicle Type * _____	30. Vehicle Path * _____	31. Were Seat Belts in Use? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No	32. Roll Over 1. <input type="checkbox"/> Without Collision 2. <input type="checkbox"/> Before Collision 3. <input type="checkbox"/> After Collision 4. <input type="checkbox"/> No Roll Over	33. Employee Ejected from Vehicle 1. <input type="checkbox"/> Partial 2. <input type="checkbox"/> Complete 3. <input type="checkbox"/> Not Ejected	34. Area of Impact * _____
---	----------------	-----------------------------	-----------------------------	--	---	---	-------------------------------

**Involved Person(s) Information**

37. Total No. of Accident Reports _____	38. Person I.D. No. _____	39. If Vehicle Accident Person Described Here Was: 1. <input type="checkbox"/> Pedestrian 2. <input type="checkbox"/> Driver 3. <input type="checkbox"/> Passenger	40. Name (Last Name, First, MI) _____	41. Age _____	42. Sex 1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female	
43. Des. & Activ. * _____	44. Injury/Illness Severity * _____	45. Nature of Most Severe Injury * _____	46. Part of Body Affected * _____	47. Unsafe Personal Factors * _____	48. Unsafe Practice * _____	49. Social Security No. (Employee Only) _____
50. Was Employee on Overtime Status? 1. <input type="checkbox"/> Yes    2. <input type="checkbox"/> No	51. Postal Service Experience Years    Mos. _____	52. Hours of Safety Training _____	53. Five Year Postal Accident Record No. Prior Vehicle Accidents    No. Prior Industrial Accidents _____	54. Pay Location _____	55. LDC/FON Code _____	

**Accident Factor(s) & Corrective Actions on Pages 1 & 2 of Form Have Been Reviewed & Are Concurred With.**

56. Supervisor's Signature	Date	Supervisor's SSN _____	57. Next Higher Level Mgr. Signature	Date
58. Supervisor's Printed Name	Telephone No.	59. MSC Safety Officer's Signature	Date	

60. Is a JSA on File?

1.  Yes      2.  No

61. Preventive Action

\_\_\_\_\_

Accident Number

\_\_\_\_\_

(Explain how the preventive action will eliminate or reduce cause(s) and prevent similar accidents)

**Narrative/Complete Description of Accident**

(Describe accident, events leading to accident, causes of injury or damage, and specific location of accident—Provide the **who, what, when, where, why, and how** of this accident)

\_\_\_\_\_

**Hospital/Physician Information**

Hospital/Physician Name	Address	Area Code & Telephone No.
Treatment Date	Diagnosis	Duty Status

**Hazardous Conditions and/or Equipment, Materials, Etc.**

(Specify equipment with manufacturer name, model no., serial no., and year made. Where applicable, include vehicle ID no.)

\_\_\_\_\_

**Vehicle Diagram (For use in motor vehicle accidents)**

(Indicate on the diagram below what happened. NOTE: Vehicle driven by postal employee is identified as Federal No. 1 regardless of ownership)

- Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow  
(Example: → 1 ← 2 ← )
- Use solid line to show path before accident  
Broken line after accident
- Show pedestrian by ○
- Show railroad by ++++++
- Give names or numbers of streets or highways
- Indicate north by arrow in this circle
- Show point of impact by X
- Indicate skid marks & lengths
- Indicate type & path of ejection
- Traffic controls (signals, sign, officer, etc.)
- Show width of roadway, traffic flow, parked vehicles, etc.

