

## TRAFFIC COLLISION INFORMATION WORKSHEET

**PRIVACY ACT STATEMENT:**

**AUTHORITY:** 10 USC 301; 10 USC 2951; E.O. 9397.

**PRINCIPAL PURPOSE:** To provide commanders and law enforcement officials with a means by which information may be accurately identified.

**ROUTINE USES:** Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.

**DISCLOSURE:** Disclosure of your social security number is voluntary.

1. DATE/TIME OF COLLISION: _____	2. POLICE NOTIFIED TIME: _____
3. POLICE TIME OF ARRIVAL: _____	
4. LOCATION OF COLLISION: _____	
5. ROAD AND WEATHER CONDITIONS: _____	
6a. STATUS / NO: _____ / _____ <input type="checkbox"/> DRIVER <input type="checkbox"/> OCCUPANT <input type="checkbox"/> OWNER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM <input type="checkbox"/> SPONSOR	6b. STATUS / NO: _____ / _____ <input type="checkbox"/> DRIVER <input type="checkbox"/> OCCUPANT <input type="checkbox"/> OWNER <input type="checkbox"/> WITNESS <input type="checkbox"/> VICTIM <input type="checkbox"/> SPONSOR
7a. SPEED LIMIT: _____	7b. SPEED LIMIT: _____
8a. RANK/STATUS: _____ / RET RANK: _____	8b. RANK/STATUS: _____ / RET RANK: _____
9a. DRIVER'S NAME (last, first, mi): _____	9b. DRIVER'S NAME (last, first, mi): _____
10a. HOME ADDRESS AND UNIT: _____ _____	10b. HOME ADDRESS AND UNIT: _____ _____
11a. WORK PHONE: _____	11b. WORK PHONE: _____
12a. HOME PHONE: _____	12b. HOME PHONE: _____
13a. DL AND STATE: _____	13b. DL AND STATE: _____
14a. RESTRICTIONS: _____	14b. RESTRICTIONS: _____
15a. DRIVING EXPERIENCE (YEARS): _____	15b. DRIVING EXPERIENCE (YEARS): _____
16a. SSN: _____ / DOB: _____	16b. SSN: _____ / DOB: _____
17a. AGE: _____ / RACE: _____ / SEX: _____	17b. AGE: _____ / RACE: _____ / SEX: _____
18a. POB (city and state or country): _____	18b. POB (city and state or country): _____
19a. WT: _____ / HT: _____ / HAIR: _____ / EYES: _____	19b. WT: _____ / HT: _____ / HAIR: _____ / EYES: _____
20a. MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED	20b. MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED
21a. DRESS: <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MIL UNIFORM <input type="checkbox"/> PT UNIFORM	21b. DRESS: <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MIL UNIFORM <input type="checkbox"/> PT UNIFORM
22a. SECURITY CLEARANCE:	22b. SECURITY CLEARANCE:
23a. MOS:	23b. MOS:
24a. DEPLOYED AND RETURN DATES:	24b. DEPLOYED AND RETURN DATES:
25a. INJURIES: _____ _____ _____	25b. INJURIES: _____ _____ _____
26a. SEAT BELT USED: <input type="checkbox"/> YES <input type="checkbox"/> NO	26b. SEAT BELT USED: <input type="checkbox"/> YES <input type="checkbox"/> NO

