



WRITE IN YOUR OWN WORDS HOW THE ACCIDENT OCCURRED

[illegible]

## WAS THE VEHICLE EQUIPPED WITH SEAT BELTS?

☐ YES ☐ NO

**IF YES, WERE THEY IN USE AT TIME OF ACCIDENT?**

☐ YES    ☐ NO

SIGNATURE OF OPERATOR

DATE \_\_\_\_\_

**ENSURE THAT ALL QUESTIONS ARE ANSWERED COMPLETELY.**

SIGNATURE OF HEAD OF AGENCY

DATE \_\_\_\_\_

**OPERATOR'S STATEMENT OF ACCIDENT AND USE OF SAFETY EQUIPMENT**

SECTION I  
OPERATOR

THIS FORM IS TO BE FILLED OUT BY THE GOVERNMENT OPERATOR AT THE TIME AND AT THE SCENE OF THE ACCIDENT, INsofar AS POSSIBLE.	
DEPARTMENT / AGENCY	
NAME AND LOCATION OF ORGANIZATION TO WHICH YOU ARE ASSIGNED	
PLEASE PRINT FULL NAME	
RANK, RATING OR TITLE	VIRGIN ISLANDS LICENSE NUMBER
HOME ADDRESS (Street, City, State)	
TELEPHONE	

SECTION II

DATE AND DAY OF WEEK OF ACCIDENT	HOUR (A.M. OR P.M.)
PLACE OF ACCIDENT	
FROM WHAT LOCATION TO WHAT LOCATION WERE YOU TRAVELING?	
FOR WHAT PURPOSE?	

SECTION III  
YOUR VEHICLE

MAKE	TYPE	REGISTRATION NO. (or other Identification)
PARTS OF VEHICLE DAMAGED (Describe)		
ESTIMATED AMOUNT OF DAMAGE \$.....		

**OTHER VEHICLES AND PROPERTY**

MAKE	TYPE	YEAR
OPERATOR'S STATE LICENSE NUMBER	VEHICLE LICENSE NUMBER	
OPERATED BY (Full Name)	VEHICLE OWNED BY (Full Name)	
OPERATOR'S HOME ADDRESS(Street, City, State)	OWNERS ADDRESS (Street, City, State)	
PARTS OF VEHICLE DAMAGED (Describe)		
ESTIMATED AMOUNT OF DAMAGE \$.....		
OTHER VEHICLES OR PROPERTY DAMAGED (Describe)		

