**GOVERNMENT OPERATOR’S INCIDENT REPORT OF MOTOR VEHICLE ACCIDENT**

*Form No. DPP-004-DT-2013 | Approved 06/14/2013 | Commissioner of Department of Property and Procurement*

<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>WRITE IN YOUR OWN WORDS HOW THE ACCIDENT OCCURRED</td>
</tr>
<tr>
<td>II</td>
<td>PLACE OF ACCIDENT</td>
</tr>
<tr>
<td>II</td>
<td>FROM WHAT LOCATION TO WHAT LOCATION WERE YOU TRAVELING?</td>
</tr>
<tr>
<td>II</td>
<td>FOR WHAT PURPOSE?</td>
</tr>
<tr>
<td>III</td>
<td>MAKE</td>
</tr>
<tr>
<td>III</td>
<td>PARTS OF VEHICLE DAMAGED (Describe)</td>
</tr>
<tr>
<td>III</td>
<td>ESTIMATED AMOUNT OF DAMAGE $.................................</td>
</tr>
<tr>
<td>IV</td>
<td>WAS THE VEHICLE EQUIPPED WITH SEAT BELTS?</td>
</tr>
<tr>
<td>IV</td>
<td>IF YES, WERE THEY IN USE AT TIME OF ACCIDENT?</td>
</tr>
<tr>
<td>IV</td>
<td>SIGNATURE OF OPERATOR</td>
</tr>
<tr>
<td>IV</td>
<td>ENSURE THAT ALL QUESTIONS ARE ANSWERED COMPLETELY.</td>
</tr>
<tr>
<td>IV</td>
<td>SIGNATURE OF HEAD OF AGENCY</td>
</tr>
</tbody>
</table>

**Notes:**
- Ensure that all questions are answered completely.
- This form is to be filled out by the Government Operator at the time and at the scene of the accident, insofar as possible.
IF MEDICAL AID RENDERED, STATE BY WHOM
WHERE WAS INJURED TAKEN

CONDITION OF OTHER DRIVER

IF OTHER DRIVERS OR PERSONS INJURED MADE A STATEMENT AS TO THE CAUSE
OF ACCIDENT AND EXTENT OF PERSONAL OR PROPERTY DAMAGE, RELATE
CONVERSATION, NAMES AND ADDRESSES OF OTHERS HEARING SUCH STATEMENT

NAME
TYPE
YEAR
OPERATOR’S STATE PERMIT NUMBER
VEHICLE LICENSE NUMBER
OPERATED BY
OWNED BY
ADDRESS (Home)
OWNER’S ADDRESS (Business)

PARTS OF VEHICLE DAMAGED (Describe)

OTHER PROPERTY DAMAGED (Describe)

YOUR VEHICLE
OTHER VEHICLE
DIRECTION OF TRAVEL
DIRECTION OF TRAVEL
SIDE OF STREET OR HIGHWAY
SIDE OF STREET OR HIGHWAY
APPROXIMATE SPEED (MPH)
APPROXIMATE SPEED (MPH)

CONDITIONS OF ROADWAY (Wet or dry, etc.)
WEATHER CONDITIONS (Clear, foggy, rain, etc.)
TYPE OF ROADWAY (Concrete, asphalt, etc.)

OTHER INFORMATION (Indicate stop signs, traffic lights, obstructions, etc.)

1. Number Government vehicle as 1, other vehicle as 2 and
additional vehicle as 3, and show direction of travel by arrow.
Example:  → ← →

2. Use solid line to show path before accident
Broken line after accident

3. Show pedestrians by ________
4. Give names or numbers of street or highways.
5. Indicates north by arrow in this circle.

XII. INDICATE BY DIAGRAM BELOW WHAT HAPPENED

XIII. LIST THE AMOUNT OF MOVING VIOLATIONS AND DATES THAT THE GOVERNMENT
OPERATOR HAS BEEN INVOLVED WITHIN A ONE (1) YEAR PERIOD, OR WHETHER THE
GOVERNMENT EMPLOYEE HAS BEEN CONVICTED FOR A VIOLATION OF THE PROVISION OF
TITLE 20, SECTION 492 OR 493, VIRGIN ISLANDS CODE (OPERATING MOTOR VEHICLES IN A
RECKLESS MANNER OR DRIVING UNDER THE INFLUENCE OF INTOXICATING LIQUORS OR
CONTROLLED SUBSTANCES).

MOVING VIOLATION
DATE OF VIOLATION
MOVING VIOLATION
DATE OF VIOLATION