



**ACCIDENT REPORT—
TORT CLAIM**

See HBK PO-702 for Instructions

1. Postal Installation Accident Case No.

(To be used only for accidents involving injury or property damage of private persons)

2. Post Office, State and ZIP+4 Code		3. Division	4. Accident Date	
5. Employee's Name		6. Roster Designation	12a. Vehicle <input type="checkbox"/> Government <input type="checkbox"/> Contract <input type="checkbox"/> Employee's <input type="checkbox"/> Borrowed	12b. Facility <input type="checkbox"/> Government <input type="checkbox"/> Leased <input type="checkbox"/> Other non-vehicle
7. Employee's Insurance Co. Name		8. Policy No.	13. Vehicle Owner	
9. Other Driver's Insurance Co. Name		10. Policy No.	14. Vehicle or License No.	
11. TO: ● ●		15. Make		
		16. Capacity		

17. Names and Addresses of Claimants <i>(Include Apt./Suite No.)</i>	18. Social Security No./TIN	19. Amount of Claim Filed
a.	a.	a.
b.	b.	b.

20. Brief description of the accident

21. Opinion regarding negligence of employee: As to whether bills or estimates submitted are proper and other remarks

22. Was Postal Property damaged and claim for payment made?
 Yes No *(If Yes, state status of that claim.)*

23. If employee was injured and filed a claim, was it against other driver?
 Yes No *(If Yes, advise status of that claim. Information on status should be obtained from injury compensation office.)*

24. Authorized Official's Signature, Printed Name, and Title		25. Report Date
26. Investigator's Signature, Printed Name, and Title		27. PEN Telephone No. <i>(Include Area Code)</i>
		28. Postal Installation Finance No.

POSTAL DATA CENTER USE ONLY

29. Approving Officer's Printed Name, Signature and Title		30. Settlement Code <i>(Type)</i>
		31. Date

Claim No.								T/P	Year of Accident	Finance No.								Account No.						Payment Amount							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		