	MOTOR VEHICLE ACCIDENT RESUME													DATE								
														FORWARDED TO REG. OFFICE RECEIVED B						Y REG. OFFICE		
REGION	FMC	CLASS	TAG NO.		CONTROL NO.		AGENCY		BUREAU		AGENCY INVOLVED:	:										
LOCATION OF ACCIDENT											AGENCY BOAC:											
													DATE OF ACCI	DENT								
TYPE OF ACCIDENT					DRIVER (Last name and spaced initials)																	
(Check one)																						
COLLISION WITH ANOTHER VEHICLE				VEHICLE PARTS DAMAGED																		
STRUCK S	TATIONAF	RY OBJECT																				
RAN OFF ROAD				EST	IMATE	O AMO	UNT OF	DAMA	AGE (D	OLLAF	RS ON	ILY)										
STRUCK PEDESTRIAN				NUMBER OF PERSONS INJURED																		
OTHER				NUMBER OF FATALITIES																		

GENERAL SERVICES ADMINISTRATION

Prescribed by FSS P 5600.8

GSA FORM **1593** (REV. 5-94)