

Abbreviated Investigation

I. FACTS (An Incident/Complaint or Police Report can be substituted for section I)

Claimant's Name: _____ Claim Number: _____

Date of incident: _____ Location: _____

What happened? _____

Comments: _____

Privately owned vehicle make, model & year: _____

Registered Owner: _____

Damage to POV: _____

" " GOV: _____

Witness names, addresses, phone numbers: _____

II. FEDERAL DRIVER INFO

Federal Driver Name: _____ SSN: _____

Rate/Rank: _____ Duty Phone: _____

Duties at time of incident: _____

Point of origin: _____

Destination: _____

Supervisor's name: _____ Phone: _____

Was fed. driver acting in scope of employment? _____

Investigating Officer

Printed name, rank, and phone