ACCIDENT - IDENTIFICATION CARD

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - SEE REVERSE)

Any correspondence regarding accident should be addressed to:

MAKE REFERENCE TO

DATE OF ACCIDENT

MAKE AND TYPE OF VEHICLE

REGISTRATION NO.

DRIVER *(Last name - first name - middle initial)*

SSN	**GRADE**

ORGANIZATION

DD Form 518, OCT 78

PREVIOUS EDITION IS OBSOLETE.
Adobe Professional 7.0

PRIVACY ACT STATEMENT

AUTHORITY: *Sec 638a, Title 31, USC and EO 9397.*

PRINCIPAL PURPOSE: *To provide persons involved in an accident with a DoD owned/leased vehicle the identity of the person with the authority to act on the matter.*

ROUTINE USES: *Placed in each vehicle for purpose stated above. When a DoD vehicle is involved in an accident, the driver provides the other party(s) with a properly executed DD Form 518. The SSN is requested because of similarity of names, to further identify the driver of the DoD vehicle.*

DISCLOSURE IS VOLUNTARY: *No disciplinary action is taken in cases where the SSN is not provided.*

DD Form 518 Reverse, OCT 78

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