

U.S. Department of State  
**OVERSEAS MOTOR VEHICLE MISHAP REPORT**

If a motor vehicle mishap results in injury or death to any employee, including tenant agency employees, family member, contractor, or local national, a DS-1663, Report of Mishap, is also required for each individual injured or killed in the mishap. A DS-1663 is not required for minor/first aid injuries. Submit the DS-1663 concurrently with the Motor Vehicle Mishap Report.

**Mishap Information Blocks:**

**Police Report** - If received, please include a copy.

**Post** - Provide post name for overseas mishaps.

**Mishap Date** - Provide all dates in mm-dd-yyyy format.

**Mishap Time** - Provide all times in hh:mm. Check a.m. or p.m.

**Official Vehicle Driver Information Blocks:**

**Agency/Organization** - Operator's agency/organization for reporting damaged property

**Last Medical Screening** - If the operator's only medical screening exam was at the time of hiring, please enter the date hired for this field.

**Last Safe Driver Training** - If the official vehicle driver has not attended a SHEM or Post safe driver training session, enter "None" under the "Last Safe Driver Training" field. Do not include DS-related training in this field.

**Local Hazards Orientation Drive** - If operator completed safe driver training at post, mark Yes. If completed safe driver training in different country but still valid, only mark yes if a local hazards orientation drive was conducted.

**Estimated Vehicle Speed (KPH)** - At the time of impact.

**Same Day** - Identify whether the operator's shift started on the same date as the mishap occurred.

**Was this Collision Preventable?** - Determine if the official vehicle operator did everything reasonably possible to prevent the collision. Follow the National Safety Council's Guide to Determine Motor Vehicle Collision Preventability.

**Official Vehicle Data Blocks:**

**"Other"** vehicle includes rental vehicles, taxis, or any other non-government-owned vehicle used in the conduct of official government business.

**Reporting Instructions:**

Submit completed DS-1664 (and DS-1663, if applicable) to the Post Occupational Safety and Health Officer (POSHO).

**\*\*Be sure to retain an original copy for your files. \*\***

**PRIVACY ACT STATEMENT**

**AUTHORITY:** The occupational Safety and Health Act of 1970 (29 U.S.C. 657, 673); Secretary of Labor's Order No.12-71 (36 FR 8754), 8-76 (441 FR 25059), or 9-83 (48 FR 35736) and Code of Federal Regulations, Occupational Safety and Health Administration, Labor (29 1904, 1-22). The DS-1664, Overseas Motor Vehicle Mishap Report (15 FAM 963) is required whenever a motor vehicle mishap occurs that results in personal injury (excluding a minor/first aid injury), or vehicle or property damage is excess of \$1,000.

**PURPOSE:** The principle purpose of the Overseas Motor Vehicle Mishap Report is to inform the safety and health official of fatalities, serious injuries or property damage associated with official vehicle operations. Sufficient details must be provided to help prevent future occurrences. It is also used to insure that supervisors are aware of their safety/health responsibilities.

**ROUTINES USES:** These reports are used to provide statistical information to the Department of Labor in the Department's Safety and Occupational Health Annual Report. This report is designed to document and measure the progress of the safety program. Mishap reports are reviewed during program assessments and focus training/assistance efforts on the information contained therein. Sufficient detail is also required to adequately evaluate events to prevent recurrence.

**NOTE:** The following categories of mishaps must be reported within 12 hours as per 15 FAM:

- \* Injury or occupational illness resulting in a fatality, permanent total disability or inpatient hospitalization;
- \* Property damage of \$50,000 or more;
- \* Operations curtailed or shut down for more than 8 hours;
- \* Injuries or occupational illnesses, (with lost workdays), involving three or more employees;
- \* Any environmental contamination.

**OVERSEAS MOTOR VEHICLE MISHAP REPORT**

If additional government drivers are involved in this motor vehicle mishap, complete a Motor Vehicle Mishap Report form for each driver. Complete a DS-1663, "Report of Mishap" for each person injured or killed in the mishap.

Police Report on file? ☐ Yes☐ Check if you are submitting DS-1663.☐ No**I. MISHAP INFORMATION**

Post	Mishap Date (mm-dd-yyyy)	Mishap Time (hh:mm) <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Reported On (SHEM Use Only)
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Location Type ☐ Intersection ☐ Urban ☐ Rural ☐ Highway ☐ Lot/Yard

Specific Location

Narrative Description of Mishap (Provide information on vehicle speeds, posted speed limits, traffic controls, and driver actions.)

**II. OFFICIAL VEHICLE DRIVER INFORMATION**☐ TDY☐ Injured

Driver Name (Last, First, MI.)

Sex

Agency/Organization

☐ Male☐ FemaleHR Category: ☐ FS ☐ GS ☐ FSN ☐ EFM ☐ PSC ☐ CON ☐ Other \_\_\_\_\_

Job Title

Years Employed or Date Hired (mm-dd-yyyy)

Last Medical Screening (mm-dd-yyyy)

Last Safe Driver Training (mm-dd-yyyy)

Local Hazards Orientation Drive?

☐ Yes ☐ NoEstimated Vehicle Speed  
(KPH)

Shift Start Time (hh:mm)

☐ a.m. ☐ p.m.Same Day ☐ Yes ☐ No

Age or Date Of Birth (mm-dd-yyyy)

Visibility ☐ Day ☐ Night ☐ Twilight ☐ Artificial Lt

Seatbelts Worn?

Driver

☐ Yes☐ NoRoad Condition ☐ Dry ☐ Wet ☐ Ice ☐ Snow ☐ Sand ☐ Unpaved Road

Passenger(s)

☐ Yes☐ No☐ N/AWeather ☐ Clear ☐ Fog ☐ Rain ☐ Sand ☐ Snow

Was this collision preventable?

☐ Yes☐ No**III. OFFICIAL VEHICLE DATA**

Year of Vehicle

Manufacturer

Model

Ownership:

☐ GOV☐ POV☐ Other \_\_\_\_\_

Type of Vehicle:

☐ Sedan☐ SUV☐ Truck☐ Bus☐ Sports☐ Compact☐ Motorcycle☐ Other \_\_\_\_\_

Vehicle License Number

Armor:

☐ Lvl C☐ Lvl D☐ None

Estimated Repair Cost

Description of Vehicle Damage




**IV. OTHER DRIVERS AND VEHICLE INFORMATION**



Vehicle -1 Driver's Name			Owner's Address			Phone Number		
Tag or ID Number			Year of Vehicle			Manufacturer/Model		
Type of Vehicle <input type="checkbox"/> Sedan <input type="checkbox"/> SUV <input type="checkbox"/> Truck <input type="checkbox"/> Bus <input type="checkbox"/> Sports <input type="checkbox"/> Compact <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____						Estimated Repair Cost		
Description of Damage								
Vehicle - 2 Driver's Name			Owner's Address			Phone Number		
Tag or ID Number			Year of Vehicle			Manufacturer/Model		
Type of Vehicle <input type="checkbox"/> Sedan <input type="checkbox"/> SUV <input type="checkbox"/> Truck <input type="checkbox"/> Bus <input type="checkbox"/> Sports <input type="checkbox"/> Compact <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____						Estimated Repair Cost		
Description of Damage								
Vehicle - 3 Driver's Name			Owner's Address			Phone Number		
Tag or ID Number			Year of Vehicle			Manufacturer/Model		
Type of Vehicle <input type="checkbox"/> Sedan <input type="checkbox"/> SUV <input type="checkbox"/> Truck <input type="checkbox"/> Bus <input type="checkbox"/> Sports <input type="checkbox"/> Compact <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____						Estimated Repair Cost		
Description of Damage								
<b>V. WITNESSES</b>								
Witness - 1			Telephone Number			Address		
Witness - 2			Telephone Number			Address		
Witness - 3			Telephone Number			Address		

## VI. MISHAP DIAGRAM

Indicate on this diagram how the mishap occurred


Use this outline to sketch the scene. Write in street or highway names or numbers.

a. Number the government vehicle(s) as G1, G2, etc. and other vehicle(s) as O1, O2, etc. E.g.  
G1 , O1 , O2 

b. Use solid line to show vehicle path before the mishap: \_\_\_\_\_   
Use a broken line to show path after the mishap: ----- 

c. Show any pedestrian(s) by ○

d. Show any railroad by -|-|-|-|-|-|-|-

e. Place a bold arrow in the diagram to indicate  
NORTH 

## VII. OTHER PROPERTY DAMAGE (NON-VEHICULAR)

Name of Owner (Enter GO for Government Property)

Address

Telephone Number

Description of Property, Damage and Estimated Repair/Replacement Cost

## VIII. CORRECTIVE ACTIONS

Corrective Action(s) Taken. (Describe recommended actions that will prevent recurrence of a similar mishap in the future, whether or when these actions have been implemented.)

## IX. SUPERVISOR/POSHO INFORMATION

Supervisor's Name

POSHO's Name

Supervisor's Signature and Date (mm-dd-yyyy)

POSHO's Signature and Date (mm-dd-yyyy)