

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IS OBSOLETE.

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.*

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