

**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IS OBSOLETE.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**