

**SCOPE OF EMPLOYMENT STATEMENT  
ACCIDENT REPORTING  
IDENTIFYING DATA**

Date of Accident: \_\_\_\_\_

Utah National Guard Member/Employee:

Name: \_\_\_\_\_

Grade/Rank: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Government vehicle number \_\_\_\_\_

I, the undersigned, authorized the above-named individual to operate the government vehicle as indicated below:

Beginning date \_\_\_\_\_ End date \_\_\_\_\_

Departing from \_\_\_\_\_

Destination \_\_\_\_\_

Returning to \_\_\_\_\_

For the purpose of: \_\_\_\_\_

In my opinion the route taken was the most direct and practicable under the circumstances.

The National Guard member/employee was engaged at the time of the incident in training or duty and was entitled to pay under (check applicable box):

- |  |  |
|--|--|
| <input type="checkbox"/> 32 USC Sec 502 (IDT/AT/AGR/ADOS)      | <input type="checkbox"/> 32 USC Sec 505 (AC Schools) |
| <input type="checkbox"/> 32 USC Sec 503 (Special Exercises)    | <input type="checkbox"/> 32 USC Sec 709 (Mil Tech)   |
| <input type="checkbox"/> 32 USC Sec 504 (NG Schools)           | <input type="checkbox"/> Civilian Technicians        |
| <input type="checkbox"/> 10 USC Sec 12301 (National Emergency) |  |

Authorizing Official \_\_\_\_\_ Grade \_\_\_\_\_

Position \_\_\_\_\_

Unit/Organization \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_