Department of Veterans Affairs

# GENERAL INSTRUCTIONS FOR REPORT OF ACCIDENTAL INJURY IN SUPPORT OF CLAIM FOR COMPENSATION OR PENSION/ STATEMENT OF WITNESS TO ACCIDENT VA FORM 21P-4176, PARTS A & B

## WHAT PART SHOULD I COMPLETE?

If you are the veteran, complete only Part A "Report of Accidental Injury in Support of Claim for Compensation or Pension." If the accident was a traffic accident, complete Sections I, II, and III of Part A. For all other types of accidents, complete Sections I and III of Part A.

If you are the witness, complete only Part B "Statement of Witness to Injury."

Print all answers clearly. Answer questions as fully as possible. If an answer is "none" or "unknown," write that. For additional space, attach a separate sheet, indicating the item number to which the answers apply.

## HOW CAN I CONTACT VA IF I HAVE QUESTIONS?

If you have questions about this form, how to fill it out, or about benefits, you can contact VA in the following ways:

By mail:

- You can locate the address of the closest regional office in your telephone book blue pages under "United States Government, Veterans."

By telephone:

- Please call one of the following telephone numbers
  **1-800-827-1000**
  **711** (Hearing Impaired TDD Line)

By internet:

- **https://iris.va.gov**

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. If you are the veteran, your obligation to respond is required to obtain or retain benefits. If you are the witness, your obligation to respond is voluntary. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine eligibility for compensation or pension benefits (38 U.S.C. 105, 1110, 1131, and 1521). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

OMB Control No. 2900-0104
Respondent Burden: 30 Minutes
Expiration Date: XX/XX/XXXX

**Department of Veterans Affairs**

1. VA FILE NUMBER

# PART A — REPORT OF ACCIDENTAL INJURY IN SUPPORT OF CLAIM FOR COMPENSATION OR PENSION

2A. FIRST, MIDDLE, LAST NAME OF VETERAN

2B. COMPLETE MAILING ADDRESS

## SECTION I—CIRCUMSTANCES OF ACCIDENT

3A. DATE AND TIME OF ACCIDENTAL INJURY

3B. PLACE OF ACCIDENT *(Identify location, such as house number, street, intersections, name or number of public highway, name of nearest city, name and location of military post, foreign city and country, if applicable)*

4A. DID THE ACCIDENT OCCUR WHILE YOU WERE IN THE ARMED FORCES?

☐ YES ☐ NO *(If "Yes," complete Items 4B and 4C)*

4B. MILITARY ORGANIZATION OF WHICH YOU WERE A MEMBER

4C. AT TIME OF THE ACCIDENT, WERE YOU ON MILITARY DUTY, AUTHORIZED PASS OR LEAVE, ABSENT WITHOUT LEAVE, ETC.? *(Explain fully)*

5A. WERE ALCOHOLIC INTOXICANTS, NARCOTICS, DRUGS OR MISCONDUCT OF ANY KIND ON THE PART OF PERSONS CONCERNED INVOLVED IN THIS ACCIDENT?

☐ YES ☐ NO *(If "Yes," complete Item 5B)*

5B. EXPLAIN FULLY ANSWER TO QUESTION IN ITEM 5A

6A. DID CIVILIAN OR MILITARY POLICE MAKE REPORT OF THE ACCIDENT?

☐ YES ☐ NO *(If "Yes," complete Item 6B)*

6B. FULL NAME AND COMPLETE MAILING ADDRESS OF CIVILIAN POLICE AND/OR MILITARY POLICE WHERE SUCH REPORT MAY BE FILED

7. FULL NAME AND MAILING ADDRESS OF THE PERSON IN WHOSE NAME THE REPORT WAS FILED

8. FULL DESCRIPTION OF HOW THE ACCIDENT OCCURRED, INCLUDING INJURIES YOU RECEIVED *(If this was a traffic accident, complete also Items 9 through 24, Section II. Complete Section III for any type of accident)*

## SECTION II — REPORT OF TRAFFIC ACCIDENT

INSTRUCTIONS: Identify one vehicle as the "first vehicle". If another vehicle was involved in the accident, identify it as the "second vehicle". If you were riding in a vehicle involved in the accident, identify it as the "first vehicle".

| 9. TYPE OF FIRST VEHICLE | 10. TYPE OF SECOND VEHICLE *(If any)* | 11A. WERE YOU? ☐ DRIVER ☐ PASSENGER | 11B. IN WHICH VEHICLE WERE YOU? |
|---|---|---|---|
| | | | |

| 12. IF PASSENGER, GIVE SEAT POSITION | 13. IF PEDESTRIAN, WHAT WAS YOUR POSITION IN RELATION TO VEHICLE(S)? |
|---|---|
| 14. DIRECTION OF TRAVEL OF FIRST VEHICLE | 15. DIRECTION OF TRAVEL OF SECOND VEHICLE *(If any)* |
| 16. APPROXIMATE SPEED OF FIRST VEHICLE | 17. APPROXIMATE SPEED OF SECOND VEHICLE *(If any)* |
| 18. WHAT WERE YOU DOING PRIOR TO AND AT TIME OF ACCIDENT? | |
| 19. TYPE OF ROADWAY *(Concrete, asphalt, etc.)* | 20. CONDITION OF ROADWAY *(Wet, dry, icy, etc.)* |
| 21. TRAFFIC CONTROLS *(Traffic lights, road signs, obstructions, etc.)* | |
| 22. WEATHER CONDITIONS *(Clear, rain, snow, fog, etc.)* | 23. LIGHT *(Dawn, daylight, dusk, darkness with artificial light, darkness with no light)* |
| 24. OTHER PERTINENT DETAILS | |

**SECTION III - ALL ACCIDENTS** ***(To be completed for any type of accident)***

25. WITNESSES TO ACCIDENT

| FULL NAME OF WITNESS | MAILING ADDRESS *(Number and street, city, State and ZIP Code)* |
|---|---|
| | |
| | |

26. HISTORY OF TREATMENTS

| TREAT-MENT | FULL NAME OF DOCTOR OR HOSPITAL FURNISHING TREATMENT | MAILING ADDRESS *(Number and street, city, State and ZIP Code)* | DATE TREATED |
|---|---|---|---|
| FIRST AID | | | |
| SECOND | | | |
| THIRD | | | |

CERTIFICATION: I hereby certify that the entries made herein are true and correct to the best of my knowledge and belief.

| 27. SIGNATURE OF VETERAN OR FIDUCIARY | 28. DATE |
|---|---|
| | |

WITNESS(ES) TO SIGNATURE OF VETERAN IF MADE BY "X" MARK

NOTE: Signature made by mark must be witnessed by two persons to whom the veteran is personally known and the signatures and addresses of the witnesses must be entered below.

| 29A. SIGNATURE OF WITNESS | 29B. ADDRESS OF WITNESS *(Number and street, city, State and ZIP Code)* |
|---|---|
| | |
| 30A. SIGNATURE OF WITNESS | 30B. ADDRESS OF WITNESS *(Number and street, city, State and ZIP Code)* |
| | |

*DETACH AND* *RETURN TO VA* *REGIONAL OFFICE*

| PART B | STATEMENT OF WITNESS TO ACCIDENT | 1. VETERAN'S FILE NUMBER |
|---|---|---|

*NOTE: If you know the facts and circumstances relating to the injury received by the veteran, please complete the following questions as fully as possible. Please sign and return the completed statement to the appropriate VA regional office.* ***You may use the reverse or attach additional sheets if necessary.***

CALL THE NEAREST VA OFFICE TOLL- FREE WITH QUESTIONS: 1-800-827-1000 (HEARING IMPAIRED TDD 1-800-829-4833)

| 2A. FIRST, MIDDLE, LAST NAME OF WITNESS | 2B. COMPLETE MAILING ADDRESS |
|---|---|
| | |

| 3. DID YOU SEE THE ACCIDENT? ☐ YES ☐ NO | 4. WHEN DID IT HAPPEN *(Time and date)* |
|---|---|
| | |

5. WHERE DID IT HAPPEN *(Identify location, such as house number, street, intersections, name or number of public highway, name and location of military post, foreign city and country, if applicable)*

6. WHERE WERE YOU WHEN THE ACCIDENT HAPPENED?

7. WHAT WAS THE VETERAN DOING PRIOR TO AND AT THE TIME OF THE ACCIDENT?

8. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED *(If more space is needed, use reverse or attach a separate sheet)*

9. IN YOUR OPINION, WHAT WAS THE CAUSE OF THE ACCIDENT? *(If more space is needed, use reverse or attach a separate sheet)*

| 10A. IN YOUR OPINION, WAS THE VETERAN UNDER THE INFLUENCE OF ANY ALCOHOLIC INTOXICANTS, NARCOTICS OR DRUGS WHEN THE ACCIDENT HAPPENED? ☐ YES ☐ NO *(If "Yes," complete 10B)* | 10B. EXPLAIN FULLY YOUR ANSWER TO ITEM 10A |
|---|---|
| | |

STATEMENT ON TRAFFIC ACCIDENT

INSTRUCTIONS - Identify one vehicle as the "first vehicle". If another vehicle was involved in the accident, identify it as the "second vehicle". If the veteran was riding in one vehicle, identify it as the "first vehicle". If the veteran was not riding in a vehicle and you were in a vehicle involved in the accident, identify that vehicle as the "first vehicle".

| 11. TYPE OF FIRST VEHICLE | 12. TYPE OF SECOND VEHICLE *(If any)* | 13A. WERE YOU ☐ DRIVER ☐ PASSENGER | 13B. IN WHICH VEHICLE WERE YOU? |
|---|---|---|---|
| | | | |

| 14. IF PASSENGER, GIVE SEAT POSITION | 15. POSITION OF VETERAN *(Driver, passenger, in first or second vehicle, pedestrian)* |
|---|---|
| | |
| 16. DIRECTION OF TRAVEL OF FIRST VEHICLE | 17. DIRECTION OF TRAVEL OF SECOND VEHICLE *(If any)* |
| | |
| 18. APPROXIMATE SPEED OF FIRST VEHICLE | 19. APPROXIMATE SPEED OF SECOND VEHICLE *(If any)* |
| | |
| 20. TYPE OF ROADWAY *(Concrete, asphalt, etc.)* | 21. CONDITION OF ROADWAY *(Wet, dry, icy, etc.)* |
| | |

22. TRAFFIC CONTROLS (*Traffic lights, road signs, obstructions, etc.)*

| 23. WEATHER CONDITIONS *(Clear, rain, snow, fog, etc.)* | 24. LIGHT *(Dawn, daylight, dusk, darkness with artificial light, darkness with no light)* |
|---|---|
| | |

25. OTHER WITNESS TO THIS ACCIDENT

| NAME OF WITNESS | MAILING ADDRESS *(Number and street, city, State and ZIP Code)* |
|---|---|
| | |
| | |

***CERTIFICATION — I hereby certify that the entries made herein are true and correct to the best of my knowledge and belief.***

| 26. DATE | 27. SIGNATURE OF WITNESS |
|---|---|
| | |