

Appendix



Driver's Forms and Reports

INSTRUCTOR CHECKLIST FOR BASIC DRIVING

1. Before- and after-operation check (from vehicle TM) 15 points
2. Starting and stopping procedure (same as in basic) 10 points

Note. Scoring key for items 3-7:

1. Excellent—E, 2 points.
2. Satisfactory—S, 1 point.
3. Unsatisfactory—U, 0 point

	Speed	Range	Accelera- tion	Braking	Steering	Maximum Possible Points
3. Ditches						10
4. Elevations						10
5. Water						10
6. Turning						10
7. Bridges						10
8. Road march:						
a. Observance of safety precautions						5 points
b. Prompt compliance with signals						10 points
c. Maintaining correct interval						10 points

POSSIBLE POINTS: 100

MINIMUM QUALIFYING POINTS: 75

Instructor Checklist for Basic Driving

INSTRUCTOR CHECKLIST FOR ADVANCED DRIVING

1. Before- and after-operation services (from vehicle TM) 10 points
2. Starting and stopping procedure (same as in basic) 8 points

Note. Scoring key for items 3-9:

1. Excellent—E, 2 points.
2. Satisfactory—S, 1 point.
3. Unsatisfactory—U, 0 point.

	Con- trols	Confi- dence	Proper Operation	Maximum Possible Points
3. Restricted area				6
4. Vertical obstacle				6
5. Woods				6
6. River crossing				6
7. Hill climb				6
8. Hill descent				6
9. Soft terrain				6

10. Road march:

- a. Observance of safety precautions 5 points
- b. Prompt compliance with signals 5 points
- c. Maintaining correct interval 5 points

11. Performance of daily service 25 points

POSSIBLE POINTS: 100

Instructor Checklist for Advanced Driving

Standard Form 46 Revised Jan 1977 USCSC FPM Chapter 910		U.S. Government Motor Vehicle Operator's Identification Card		Card No. FK 6200-66
Name of Operator Stuart R. Griffiee			Sex M	Date Issued 7 Nov 80
Height 69"	Weight 155	Date of Birth 17 Oct 30	Social Security No. 404-07-0527	Date Expires 7 Nov 83
Color of Hair Brn	Color of Eyes Grey	Signature of Operator (Not valid until signed) <i>Stuart R. Griffiee</i> Signature and Title of Issuing Official <i>William Z. Wilson</i> US Army Armor Center TMP, Fort Knox, KY		
NOT TRANSFERABLE Card must be carried at all times when operating Government vehicles				
The holder of this card is qualified to operate U.S. Government vehicles and/or equipment specified, subject to the restrictions set forth on the reverse of this card.				

PRIVACY ACT NOTICE

Authority: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 11, 1974, for individuals being issued Standard Form 46, U.S. Government Motor Vehicle Operator's Identification Card, U.S. Code, Title 5, section 301.

Purposes and Uses: The purpose of SF 46 is to identify Federal employees who have been authorized by their agencies to operate Government owned motor vehicles.

Effects of Nondisclosure: The effect of nondisclosure of the information required on the SF 46 is that an individual will not be authorized to drive a Federal motor vehicle. Failure to disclose accurate information that results in a negative reply from the National Drivers Register Service can result in revocation of an issued operator's identification card. The disclosure of this information is mandatory when an employee's job requires driving a Federal motor vehicle and is voluntary otherwise.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7 (b): Disclosure by you of your Social Security Number (SSN) is (continued on reverse)

(Front) SF 46
U.S. Government Motor Vehicle Operator's Identification Card

Restrictions Valid with glasses only		
QUALIFIED TO OPERATE		
Type Vehicle and/or Equipment	Capacity	Qualifying Official
Sedan	5P	<i>Mike Hagan</i>
Truck 6X6 (All)	2-1/2 Ton	<i>George Pines</i>
Tank, M60	N/A	<i>J. Zacharias</i> <i>W. Collins</i>
OTHER RECORDS (Optional)		
Generator, Electric 1.5 KW		

mandatory to obtain the U.S. Government Motor Vehicle Operator's Identification Card Solicitation of the SSN by the United States Civil Service Commission is authorized under provisions of Executive Order 9197, dated November 22, 1943. The SSN is used as an identifier throughout your federal career from the time of application through retirement.

The SSN will be used by the National Drivers Register Service in conducting a routine check of your driving record. The SSN also will be used by the Civil Service Commission and other federal agencies in connection with lawful requests for information about you from former employers, educational institutions, financial, law enforcement, or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

(Back) SF 46
U.S. Government Motor Vehicle Operator's Identification Card

NAME (Last, first, initial) AND SOCIAL SECURITY ACCOUNT NUMBER DREW, FRED Q. 402-71-1113 POB NASHVILLE, TENN				PERMIT (Initial) NUMBER USA-09-78 TYPE STANDARD		DATE ISSUED 22 JUNE 78 LIMITATIONS (Physical or Operational) W/GLASSES LIGHT/HEAVY	
SEX M	DATE OF BIRTH 13 JAN 57	COLOR HAIR BROWN	COLOR EYES BLUE	HEIGHT 6'1"	WEIGHT 180 Lbs	POSITION TITLE (If civilian) NA	
SECTION I - OFFICIAL QUALIFICATIONS							
TYPE OF EQUIPMENT	SIZE	SPECIAL QUALIFICATION ¹	DATE QUALIFIED	QUALIFIED AT	NAME OF EXAMINER		
SECON	5P	NONE	22 JUN 78	FT KNOX, KY	William Meyers		
TRK UTL M101A2	1/4 T	SEE SEC III	25 JUN 78	FT KNOX, KY	Bob Smith		
TRK CGM M35A2	2 1/2 T	NONE	25 JUN 78	FT KNOX, KY	Bob Smith		
TRK CATF/T M60A1	53T	NONE	25 JUN 78	FT KNOX, KY	Bob Smith		
GEN ELECT BED	1.5 KW	NONE	28 JUN 78	FT KNOX, KY	Bob Smith		
CAMP AR M113A1	12T	SEE SEC III	28 JUN 78	FT KNOX, KY	Bob Smith		
SECTION II - BACKGROUND AND EXPERIENCE							
TYPE OF EQUIPMENT	SIZE	TYPE OF DRIVING OR OPERATION ²	ADDITIONAL DRIVER'S LICENSES (State or agency)	NUMBER OF OTHER DRIVER'S LICENSES	SATISFACTORY EXPERIENCE VERIFIED BY		
AUTOMOBILE	5P	CITY-RURAL	CA 1976	P648435	William Meyers		
¹ Special equipment, special operations or conditions ² City, rural, long haul, etc.							
SECTION III - PERFORMANCE RECORD (List chronologically as "credits" - awards, training, retraining, testing, retesting, roadshows, permit renewal, relicensing, etc; and as "debts" - accidents, arrests, violations, warnings, revocations, suspensions, etc.)							
DATE	CREDITS	DEBITS	TYPE OR NATURE	ACTION TAKEN			
5 JAN 78	8 hrs		DEFENSIVE DRIVING	COMPLETED NSC DRIVER IMPROVEMENT PROGRAM			
				USABRMC, FT KNOX, KY JRR			
25 JUN 78	2 hrs		1/4 TON SAFETY TRAINING	TAG-2320-318-10-1 JRR			
28 JUN 78	4 hrs		GENERATOR OPERATION	SATISFACTORILY COMPLETED OPER + MAINT OF 1.5 KW ELEC GEN. GED 110V, GOCY IAW BN SOP JRR			
5 JUL 78		8 hrs	SPEEDING	PENALTY TAG IAW BN SOP JRR			
22 JUN 81			SE46 RENEWED	USA-09-81 JRR			
9 SEP 81			ACCIDENT	SM WAS FOUND TO BE NOT AT FAULT JRR			
EQUIPMENT OPERATOR'S QUALIFICATION RECORD (EXCEPT AIRCRAFT) For use of this form, see AR 385-55 and AR 600-55; the proponent agency is Office of the Deputy Chief of Staff for Personnel.							

DA FORM 348
1 OCT 64

REPLACES DA FORM 348, 1 AUG 60, WHICH WILL BE USED,
AND DD FORM 1380 WHICH IS OBSOLETE FOR ARMY USE.

(Extract from personnel file to maintain at operating level.)

(Front) DA Form 348
Equipment Operator's Qualification Record

SECTION IV - EXAMINATION FINDINGS					
BATTERY I - (Administered as a part of reception processing, at reception stations)		BATTERY II - (To be administered to all applicants for Driver Permit SF 46) (To transfer raw score to standard score see DA Pamphlet 611-119)			
		DA FORM 6122	RAW SCORE 15	STANDARD SCORE 82	
		DA FORM 6123	41	102	
		DA FORM 6124	104	96	
ENTER SCORE FROM ITEM 24 OF INDIVIDUAL'S DA FORM 30		TOTAL STANDARD SCORE		280	
		STANDARD SCORE FOR BATTERY II (Divide Total Standard Score by 3)		93	
STANDARD SCORE NONE		SUCCESSFUL COMPLETION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EXAMINATION ADMINISTERED BY (Last name - first name - middle initial) WILLIAM FRANCIS S.	
I. PHYSICAL EVALUATION MEASURES		IF QUALIFIED X IF SUBSTANDARD		SIGNATURE OF EXAMINER	
1. VISUAL ACUITY		LEFT EYE 20/ 30 RIGHT EYE 20/ 20		<input checked="" type="checkbox"/> Hugh Brown	
2. FIELD OF VISION		LEFT EYE 80 / 0 RIGHT EYE 90 / 0		<input checked="" type="checkbox"/> Hugh Brown	
3. HEARING		LEFT EAR 20 / 20 RIGHT EAR 20 / 20		<input checked="" type="checkbox"/> Hugh Brown	
4. REACTION TIME		50 100 SEC 50 100 SEC		<input checked="" type="checkbox"/> Hugh Brown	
5. DEPTH PERCEPTION		NORMAL		<input checked="" type="checkbox"/> Hugh Brown	
6. COLOR PERCEPTION		NORMAL		<input checked="" type="checkbox"/> Hugh Brown	
II. DRIVING PERFORMANCE TEST (Check "✓" if successful, "x" if failed and corrective training is needed)					
A. ROAD TEST - PREREQUISITE					
1. INSTRUMENTS (Location, correct reading, action for abnormal reading)		<input checked="" type="checkbox"/> OIL LEVEL STICK <input checked="" type="checkbox"/> TEMPERATURE GAGE		<input checked="" type="checkbox"/> OIL PRESSURE GAGE <input checked="" type="checkbox"/> VOLTOMETER	
		<input checked="" type="checkbox"/> AMMETER <input checked="" type="checkbox"/> TACHOMETER		<input checked="" type="checkbox"/> FUEL GAGE <input checked="" type="checkbox"/> AIR PRESSURE GAGE	
2. BEFORE OPERATION CHECK		<input checked="" type="checkbox"/> VEHICLE DAMAGE <input checked="" type="checkbox"/> CONDITION OF TIRES		<input checked="" type="checkbox"/> CLEAN HEADLIGHTS <input checked="" type="checkbox"/> OIL LEVEL <input checked="" type="checkbox"/> BATTERY	
		<input checked="" type="checkbox"/> MIRROR ADJUSTMENT <input checked="" type="checkbox"/> HORN		<input checked="" type="checkbox"/> SEAT ADJUSTMENT <input checked="" type="checkbox"/> WATER LEVEL	
3. EMERGENCY EQUIPMENT (Location and use)		<input checked="" type="checkbox"/> FIRE EXTINGUISHER		<input checked="" type="checkbox"/> HIGHWAY WARNING KIT	
		<input checked="" type="checkbox"/> GEARS <input checked="" type="checkbox"/> BRAKE		<input checked="" type="checkbox"/> CLUTCH <input checked="" type="checkbox"/> FRONT AXLE	
4. CONTROLS - "DRY RUN"		<input checked="" type="checkbox"/> FIRST TRY <input checked="" type="checkbox"/> SECOND TRY		<input checked="" type="checkbox"/> THIRD TRY <input checked="" type="checkbox"/> N/A	
5. DEPTH PERCEPTION (Two feet from target)		<input checked="" type="checkbox"/> START <input checked="" type="checkbox"/> PULL OUT		<input checked="" type="checkbox"/> SHIFT <input checked="" type="checkbox"/> SLOPE	
6. PRACTICE RUN (1/2 mile)		<input checked="" type="checkbox"/> TURNS <input checked="" type="checkbox"/> BACKING		<input checked="" type="checkbox"/> OTHER (Describe)	
7. ADDITIONAL REQUIREMENTS FOR LICENSE		<input checked="" type="checkbox"/> LOCAL LAWS <input checked="" type="checkbox"/> OPERATING PROCEDURES <input checked="" type="checkbox"/> ACCIDENT REPORTING OTHER (Describe): HAS SUCCESSFULLY DEMONSTRATED PREPARATION OF DA FORM 2404			
B. ROAD TEST - SCORED PHASE (DA PRT 2678)					100
COMMENTS AND RECOMMENDATIONS OF ROAD TEST EXAMINER				NUMBER OF TALLY MARKS ON CHECK LIST PRT 2678 (Subtract)	
BRACKING TOO FAST				5	
				ROAD TEST SCORE	
				95	
SIGNATURE OF ROAD TEST EXAMINER William Mayer					
SIGNATURE OF APPLICANT Fred Q. Drew					
MY DRIVING WEAKNESSES HAVE BEEN MADE KNOWN TO ME AND I HAVE BEEN SHOWN HOW TO OVERCOME OR ADJUST THEM.		DATE 22 JUN 78			

(Back) DA Form 348
Equipment Operator's Qualification Record

LUBRICATION ORDER

L05-6115-586-12

18 OCTOBER 1979 (Supersedes L05-6115-586-12, 18 November 1972)

POWER PLANT UTILITY, GAS TURBINE ENGINE DRIVEN (LIBBY WELDING CO. MODEL LPU-71)

Reference: TM5-6115-586-12, C9100-IL

Intervals and related task-hour times are based on normal hours of operation. The task-hour time specified is the time you need to do all the services prescribed for a particular interval. Change the interval if your lubricants are contaminated or if you are operating the equipment under adverse operating conditions, including longer-than-usual operating hours. You may extend the interval during periods of low activity, but you must take adequate preservation precautions.

*The time specified is the time required to perform all services at the particular interval.

Clean parts with SOLVENT dry cleaning, SD-2. Dry before lubricating. Drain crankcase when HOT. Fill and check level. The lowest level of maintenance authorized to lubricate a point is indicated by one of the following: (C) Operator/crew; or (O) Organizational Maintenance.

You can improve this publication by calling attention to errors and by recommending improvements and by stating your reasons for the recommendations. Your letter or DA Form 2028 (Recommended Changes to Publications and Forms) should be mailed direct to Commander, U.S. Army Troop Support and Aviation Material Readiness Command, ATTN: DRSTS-MTPS, 4300 Goodfellow Blvd., St. Louis MO 63120. A reply will be furnished direct to you.

FOLD

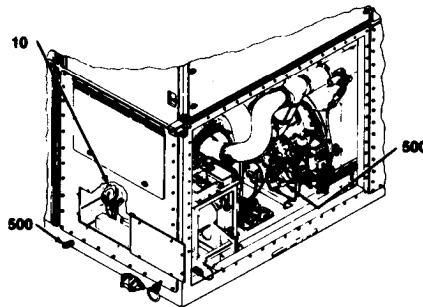
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LUBRICANT • INTERVAL

INTERVAL • LUBRICANT

Oil Fill Cap and Dipstick
(Check oil level and replenish as required)
(See note 2) (O)

Oil Drain Cap
(Drain and refill.) (O)



Oil Filter
(Disassemble, clean housing, renew element, and reassemble.)
(See note 1.) (O)

*TOTAL TASK-HR

*TOTAL TASK-HR

INTERVAL
10

TASK-HR
0.1

INTERVAL
500

TASK-HR
0.6

STS Form 2273
1 Dec 76

U.S. GOVERNMENT PRINTING OFFICE: 1979 O-304-766

CARD 1 OF 2

(Front) Lubrication Order

-KEY-			
LUBRICANTS	REFILL CAPACITY	ALL TEMPERATURES	INTERVALS
LUBRICATING OIL, Turbine		MIL-L-7808 or MIL-L-23699 (See note 2)	Intervals given are in hours of normal operation.
Oil Tank	10 qts (9.4625L)		

NOTES:

1. OIL FILTER. After installing new filter element, fill oil tank, operate engine 5 minutes, check level, check filter housing and lines for leaks.

2. CHANGING OIL BRANDS OR SPECIFICATIONS. Do not mix different brands or specifications of oil. The lubricant system must be flushed and the filter element replaced when changing from one brand or specification of oil to another.

3. LUBRICATION. The following is a list of lubricants with the Military Symbols and applicable specification numbers.
MIL-L-7808
MIL-L-23699

Copy of this Lubrication Order will remain with the equipment at all times; instructions contained herein are mandatory.

By Order of the Secretary of the Army:

E. C. MEYER
*General, United States Army
Chief of Staff*

Official:

J. C. PENNINGTON
*Major General, United States Army
The Adjutant General*

DISTRIBUTION:
To be distributed in accordance with DA Form 12-25A, Operator Maintenance Requirements for MUST System Equipment.

MOTOR VEHICLE UTILIZATION RECORD							
DATE	TYPE	REGISTRATION NO./SERIAL NO.			ADMINISTRATION NO.		
	M151A2	261241			HQ 5		
ORGANIZATION HHC 2-12AR		ACTION	TIME	MILES	HOURS		
1ST OPERATOR H Harvey		IN	1700	12152		REPORT TO <i>Col James Arroy</i>	
OPERATOR'S SIGNATURE T. Adkins		OUT	0600	12112		DISPATCHER'S SIGNATURE Thomas Brack	
		TOTAL	1100	40			
2D OPERATOR		IN				REPORT TO	
		OUT				DISPATCHER'S SIGNATURE	
OPERATOR'S SIGNATURE		TOTAL					
3D OPERATOR		IN				REPORT TO	
		OUT				DISPATCHER'S SIGNATURE	
OPERATOR'S SIGNATURE		TOTAL					
4TH OPERATOR		IN				REPORT TO	
		OUT				DISPATCHER'S SIGNATURE	
OPERATOR'S SIGNATURE		TOTAL					
DESTINATION		TIME		RELEASED BY (Signature)		REMARKS	
FROM		ARRIVE	DEPART				
1. MP			0605				
TO							
2. HHC ORD RM		0625	0730				
TO							
3. RG 86		0915	1535				
TO							
4. B CO ORD RM		1640	1645	J. Smith			
TO							
5. MP		1700					
TO							
6.							
TO							
7.							
TO							
8.							
TO							
9.							
TO							
10.							
TO							
11.							
TO							
12.							
TO							
13.							
TO							
14.							
TO							
15.							

DD FORM 1 FEB 75 1970

(Front) DD Form 1970
Motor Vehicle Utilization Record

INSTRUCTIONS

1. *Date.* Enter the calendar date the equipment is to be used.

2. *Type.* Enter the type of equipment as designated in the equipment log.

3. *Registration Number or Serial Number.* Enter the equipment registration number or serial number.

4. *Administration Number.* Enter the unit bumper or administrative number.

5. *Organization.* Enter the organization to which the equipment is assigned.

6. *Operator.* Enter the name of the equipment operator.

7. *Operator's Signature.* The equipment operator (item 6) will enter signature immediately upon receipt of equipment.

8. *Time.* Indicate time to the nearest 5 minutes using the 24-hour clock.

a. *In.* Enter time equipment was returned from dispatch or use.

b. *Out.* Enter the time the equipment was released for operation by the dispatcher.

c. *Total.* Enter total time the equipment was in the possession of the operator. Time is obtained by subtracting the time listed in "Out" line from that listed on the "In" line.

9. *Miles.* Will be recorded to the nearest whole mile.

a. *In.* The operator will enter the mileage reading when the equipment is returned. If odometer is inoperative, enter estimated mileage.

b. *Out.* The dispatcher will enter the mileage reading at the time of dispatch.

c. *Total.* Enter the difference between the "Out" and "In" mileage.

10. *Hours.* Will be recorded to the nearest whole hour. On those items which require servicing on an hourly basis and are not equipped with an hour meter, enter the estimated hours of operation.

a. *In.* The operator will enter the hour meter reading upon completion of the equipment usage.

b. *Out.* The dispatcher will enter the hour meter reading prior to equipment release.

c. *Total.* Enter the total hours dispatched for operation.

11. *Report To.* Enter the name of the individual to whom the operator is to report.

12. *Dispatcher's Signature.* Self-explanatory.

13. *Destination.* Indicate each location at which a trip begins and ends. Normally this starts from the equipment pool ("From" Line) and ends at the same place after one or more intervening destinations.

14. *Time.* All time will be recorded using the 24-hour clock, rounded off to the nearest 5 minutes.

a. *Arrive.* Enter the arrival time at each destination.

b. *Depart.* Enter the departure time from the motor pool and each succeeding location.

15. *Released By.* The person in charge of equipment on dispatch will release by signing on the line indicating the destination where the equipment was released to the operator. Upon termination of equipment used, but not moved, the person in charge will release the equipment by signing in the top block of this column.

16. *Remarks.* The remarks column will be used by the operator to record unusual operation or abnormal occurrences during operation, or other information as directed.

14. OPERATOR'S STATEMENT OF ACCIDENT AND USE OF SAFETY EQUIPMENT

As I was driving north on Crum's Lane I saw a blue Ford approaching on the other side of the road. When it was about 100 feet away the car swerved to the right and the right front tire hit the curb. The car skidded around and hit the left front of my truck. I could not avoid the car, but while trying to get out of the way I went over the curb on the east side and struck a parked car and a light pole.

WAS VEHICLE EQUIPPED WITH SEAT BELTS? ☒ YES ☐ NO *If "Yes," were they in use at time of accident?* ☒ YES ☐ NO

Have you answered ALL the questions as completely as possible?

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as it is the first step in the Government's investigation of a motor vehicle accident. The principal purposes for which the information is intended to be used are to provide necessary data for use by legal counsel in legal actions resulting from the accident and to provide accident information/statistics for use in analyzing accident causes and developing methods of reducing accidents. Routine use of the information may be by Federal, State or local governments, or agencies when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

OPERATOR SIGN HERE: *Ernest Lee Dillon* DATE SIGNED: *12 Mar 79*

G U S Government Printing Office: 1979-211-153/8137

STANDARD FORM 91 PAGE 4 (REV. 11-76)

OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT

This form is to be completed by the Government operator at the time and the scene of the accident if possible. See the Privacy Act Statement on p. 89 4.

DEPARTMENT OR AGENCY

NAME AND LOCATION OF ORGANIZATION TO WHICH YOU ARE ASSIGNED
Co B, 13th Bn, 4th Regt. Inf. Ft Knox, Ky 40121

Print (clearly)	LAST NAME	FIRST NAME	MIDDLE INITIAL	AGE
	<i>DILLON</i>	<i>ERNEST</i>	<i>L</i>	<i>26</i>
RANK, RATE OR TITLE	SERVICE NUMBER OR SOCIAL SECURITY NO.		UNIT, MOTOR VEHICLE OPERATOR PERMIT NO.	
<i>SP15</i>	<i>407-47-7774</i>		<i>USA-69-19</i>	
HOME ADDRESS (Number, street, city, State, ZIP code)			HOME TELEPHONE NO.	
<i>216 E. Page, VANDALIA, Illinois</i>			<i>271-2395</i>	
ACCIDENT OCCURRED	DATE	DAY OF WEEK	TIME	NUMBER OF HOURS ON DUTY PRIOR TO ACCIDENT
<i>12/3/79</i>	<i>Monday</i>	<i>10:30</i>	<i>2 1/2</i>	
PLACE OF ACCIDENT (If in city, give number, street, city and State; if outside city limits, indicate mileage to nearest city, or other landmark.)				
<i>1800 CRUM'S LANE, WESTPOINT, KY</i>				
ORIGIN OF TRIP		DESTINATION		
<i>FT KNOX, KY</i>		<i>WESTPOINT, KY</i>		
PURPOSE OF TRIP				
<i>TO PICK UP SUPPLIES</i>				
MAKE	TYPE	REGISTRATION NUMBER OR OTHER IDENTIFICATION		OPERATOR'S ESTIMATED AMOUNT OF DAMAGE
<i>MSA 42</i>	<i>ST CTR</i>	<i>GA 5431</i>		
PARTS OF VEHICLE DAMAGED (Describe)				
<i>LEFT FRONT Bumper AND Fender BENT, Right Running BOARD AND Mirror DAMAGED</i>				
IF THIS WAS A BACKING ACCIDENT, WAS A GUIDE AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "Yes," give guide's name</i>				
<i>N/A</i>				
MAKE	TYPE	YEAR		
<i>FORD</i>	<i>4 DOOR</i>	<i>1978</i>		
OPERATOR'S STATE PERMIT NUMBER		VEHICLE LICENSE NUMBER AND STATE		
<i>B 320-717-417 Ky</i>		<i>KMA 317 KY</i>		
OPERATED BY	NAME			
	<i>Mrs GEORGE P. Johnson</i>			
	HOME ADDRESS (Number, street, city, State, ZIP code)			
	<i>814 MAPLE ST. Louisville, Ky 40204</i>			
OWNED BY	NAME			
	<i>SAME AS OPERATOR</i>			
	ADDRESS (Number, street, city, State, ZIP code)			
	<i>" " " "</i>			
PARTS OF VEHICLE DAMAGED (Describe)				
<i>Right FRONT FENDER, Bumper, Wheel AND Radiator Damaged</i>				
OPERATOR'S ESTIMATED AMOUNT OF DAMAGE				
<i>1000.00</i>				

5. OTHER PROPERTY DAMAGED (Explain if more space is needed - continue in item 12, page 4)

1971 CHEVROLET, LIGHT POLE

91-108

STANDARD FORM 91 PAGE 1 (REV. 11-76) Prescribed by GSA, FPMR 101-39.6

(Front) SF 91
Operator's Report of Motor Vehicle Accident

NAMES		HOME ADDRESSES	
6. PERSONS INJURED	Mrs GEORGE P. JOHNSON	84 MAPLE ST. LOUISVILLE, KY	40204
	SGT Thomas F. CLAY	Co B. 13TH BN, 4TH TNG REGT, INF.	FT KNOX, KY 40121
	Mr JOSEPH W. RAY	429 JACKSON ST	FRANKFORT, KY
	Ms ALICE E. WHITE	938 WEST MAIN ST.	LOUISVILLE, KY 40202
	SGT Thomas F. CLAY	SAME AS #7	
7. OCCUPANTS IN YOUR VEHICLE	Mr JOSEPH W. RAY	SAME AS #8	
	Ms ALICE E. WHITE	SAME AS #8	
	Mr JACK T. FRANKLIN	1813 CRUM'S LANE	WEST POINT, KY
	POLICE OFFICER	BADGE NUMBER	PRECINCT OR HEADQUARTERS
8. WITNESSES AND POLICE	INDICATE		
	FEDERAL VEHICLE (Includes privately owned Federally operated)		OTHER VEHICLE (2)
	DIRECTION OF TRAVEL	NORTH ON CRUM'S LANE	SOUTH ON CRUM'S LANE
	SIDE OF STREET OR HIGHWAY	EAST	WEST
	APPROXIMATE SPEED	30 MILES PER HOUR	30 MILES PER HOUR
9. ACCIDENT CONDITIONS	CONDITION OF ROADWAY (Wet or dry, etc.)		WEATHER (Clear, foggy, rain, snow, etc.)
	WET		OVERCAST, RAIN
	TYPE OF ROADWAY (Concrete, macadam, etc.)		ASPHALT
	OTHER INFORMATION (Explain stop sign, traffic signals, obstructions, etc.)		
	SPEED LIMIT WAS 30 MPH. MY HEADLIGHTS WERE ON. DRIVER OF PARKED CAR COULD NOT BE LOCATED. POLICE CALLED AND GOT NAME AND ADDRESS OF OWNER. CAR COULD BE DRIVEN.		

STATE WHO GAVE MEDICAL AID, IF ANY WAS GIVEN		WHERE WAS INJURY TAKEN	
MICHAEL P. NORRIS, MAJ.		IRELAND ARMY HOSPITAL	
CONDITION OF OTHER DRIVER		FT KNOX, KY 40121	
HEAD INJURIES - CONDITION UNKNOWN			
If other driver or persons injured made statements as to cause of accident and extent of personal or property damage, relate conversation, also, give names and addresses of others hearing such statements			
NO STATEMENTS WERE MADE BY EITHER PARTY IMPLYING FAULT.			
11. EVENTS AFTER ACCIDENT			
12. OTHER VEHICLE OR PROPERTY INVOLVED			
NAME		CHEVROLET	
HOME ADDRESS (Number, street, city, State, ZIP code)		TYPE	
UNK		CONVERT	
YEAR		1971	
OPERATOR'S STATE PERMIT NUMBER		VEHICLE LICENSE NUMBER AND STATE	
UNK		EMA 693 Michigan	
NAME		Mr John P. HAGGERTY	
ADDRESS (Number, street, city, State, ZIP code)		393 GOLD BRICK ROAD, LOUISVILLE, KY	
PARTS OF VEHICLE DAMAGED (Describe)		OPERATOR'S ESTIMATED AMOUNT OF DAMAGE	
REAR PANEL AND TRUNK LID SMASHED		\$ 450.00	
RIGHT TAIL LIGHT BROKEN			
OTHER PROPERTY DAMAGED (Explain)			
LIGHT POLE. METAL BASE BROKEN			
13. DIAGRAM WHAT HAPPENED BY USING THESE SYMBOLS, BELOW			

(Back) SF 91
Operator's Report of Motor Vehicle Accident

ACCIDENT-IDENTIFICATION CARD

(THIS FORM IS SUBJECT TO THE
PRIVACY ACT OF 1974-SEE REVERSE)

Any correspondence regarding accident should
be addressed to:

*Commanding Officer
2d Bn., 11th Armor
Fort Knox, Ky 40121*

MAKE REFERENCE TO

DATE OF ACCIDENT

3 DEC 79

MAKE AND TYPE OF VEHICLE

TANK, 105 MM GUN, M60A1

REGISTRATION NO.

6A5431

DRIVER (Last name - first name - initial)

Earnest L. Lowe

SSN

407-47-7774

GRADE

SP5

ORGANIZATION

*CO A, 2d Bn
11th Armor
Fort Knox, Ky 40121*

DD FORM 518
1 OCT 78

**PREVIOUS EDITION
IS OBSOLETE.**

*DD Form 518
Accident Identification Card*

***(Front) DA Form 2408-1
Equipment Daily or Monthly Log***

(Back) DA Form 2408-1
Equipment Daily or Monthly Log

