6. WITNESSES

A. NAME | PHONE NO. | B. NAME | PHONE NO.

ADDRESS | ADDRESS

LOCATION OF WITNESS AT TIME OF ACCIDENT | LOCATION OF WITNESS AT TIME OF ACCIDENT

7. KILLED OR INJURED

A. NAME | SEX | AGE | B. NAME | SEX | AGE

ADDRESS | ADDRESS

CHECK ONE: ☐ KILLED ☐ INJURED | CHECK ONE: ☐ DRIVER ☐ PASSENGER ☐ HELPER ☐ PEDESTRIAN | CHECK ONE: ☐ KILLED ☐ INJURED | CHECK ONE: ☐ DRIVER ☐ PASSENGER ☐ HELPER ☐ PEDESTRIAN

CHECK ONE: ☐ IN FED. VEHICLE ☐ IN OTHER VEHICLE | WHERE IN VEHICLE? | CHECK ONE: ☐ IN FED. VEHICLE ☐ IN OTHER VEHICLE | WHERE IN VEHICLE?

FIRST AID GIVEN BY | FIRST AID GIVEN BY

TAKEN TO | TAKEN TO

TAKEN BY | REGISTRATION NO. | TAKEN BY | REGISTRATION NO.

8. PEDESTRIAN

PEDESTRIAN WAS GOING ☐ ON ☐ ACROSS (Direction) (Street, highway No., etc.) FROM (SW. cor., W. side, etc.) TO (NE. cor., W. side, etc.)

PEDESTRIAN WAS (Check one)

1. ☐ CROSSING AT INTERSECTION WITH SIGNAL
2. ☐ SAME—AGAINST SIGNAL
3. ☐ SAME—NO SIGNAL
4. ☐ SAME—DIAGONALLY
5. ☐ CROSSING NOT AT INTERSECTION COMING FROM BEHIND PARKED CARS
6. ☐ SAME—NOT COMING FROM BEHIND PARKED CARS
7. ☐ COMING FROM BEHIND PARKED CARS TO ENTER VEHICLE
8. ☐ WAITING OR GETTING ON OR OFF AT STREET CAR SAFETY ZONE
9. ☐ NOT AT SAFETY ZONE
10. ☐ GETTING ON OR OFF ANOTHER VEHICLE
11. ☐ PLAYING IN ROADWAY
12. ☐ WORKING IN ROADWAY
13. ☐ WALKING IN ROADWAY—WITH TRAFFIC
14. ☐ WALKING IN ROADWAY—AGAINST TRAFFIC
15. ☐ WALKING IN ROADWAY—SIDEWALKS AVAILABLE
16. ☐ WALKING IN ROADWAY—NO SIDEWALKS AVAILABLE
17. ☐ HITCHING ON VEHICLE
18. ☐ LYING IN ROADWAY
19. ☐ NOT IN ROADWAY (Explain)

9. DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES OR CARGO

NAME OBJECTS, SHOW OWNERSHIP, STATE NATURE OF DAMAGE

10. KIND OF LOCALITY (Check one)

1. ☐ MANUFACTURING AND INDUSTRIAL
2. ☐ SHOPPING AND BUSINESS
3. ☐ RESIDENTIAL
4. ☐ SCHOOL AND PLAYGROUND
5. ☐ OPEN COUNTRY
6. ☐ INDUSTRIAL PREMISES
7. ☐ HOME OR DOMESTIC PREMISES
8. ☐ OTHER (Specify)

11. LIGHT (Check one)

1. ☐ DAYLIGHT ☐ 3. DAWN
2. ☐ DUSK

DARKNESS WITH:

4. ☐ ARTIFICIAL LIGHT
5. ☐ NO ARTIFICIAL LIGHT

12. WEATHER (Check one)

1. ☐ CLEAR ☐ 4. FOG
2. ☐ RAINING ☐ 5. OTHER (Specify)
3. ☐ SNOWING

IF MORE SPACE IS NEEDED, USE BLANK

13. CONDITION OF DRIVER AND PEDESTRIAN

Check for each person

FED	?	PED	Check one or more
☐	☐	☐	1A. HAD NOT BEEN DRINKING
☐	☐	☐	1B. HAD BEEN DRINKING, IF SO:
☐	☐	☐	2. ABILITY IMPAIRED
☐	☐	☐	3. ABILITY NOT IMPAIRED
☐	☐	☐	4. NOT KNOWN WHETHER IMPAIRED

FED	?	PED	Check one or more
☐	☐	☐	5. PHYSICAL DEFECT
		☐	6. OTHER HANDICAPS, CARRYING BUNDLES, UMBRELLAS, ETC.
☐	☐		7. SLEEPY, FATIGUED, ETC.
☐	☐		8. APPARENTLY ASLEEP
☐	☐	☐	9. APPARENTLY NORMAL

14. CONDITION OF VEHICLE

Check one or more for each vehicle

FED	?		FED	?	
☐	☐	1. DEFECTIVE BRAKES	☐	☐	8. TIRE BLEW OUT
☐	☐	2. ONE HEADLIGHT OUT	☐	☐	9. DEFECTIVE STEERING MECHANISM
☐	☐	3. BOTH HEADLIGHTS OUT	☐	☐	10. NO APPARENT DEFECTS
☐	☐	4. TAILLIGHT OUT OR OBSCURED	☐	☐	11. OTHER DEFECTS (Specify)
☐	☐	5. DIM, COWL, OR FENDER LIGHTS ONLY			
☐	☐	6. SIGNAL LIGHTS DEFECTIVE			
☐	☐	7. OTHER LIGHTS OR REFLECTORS DEFECTIVE			

15. VISION OBSCURED BY

Check where applicable

FED	?		FED	?	
☐	☐	1. RAIN, SNOW, ETC., ON WINDSHIELD	☐	☐	7. EMBANKMENT
☐	☐	2. CRACKED WINDSHIELD	☐	☐	8. SIGNBOARDS
☐	☐	3. DIRTY WINDSHIELD, WINDOWS	☐	☐	9. PARKED VEHICLE
☐	☐	4. WINDSHIELD, WINDOWS NOT GLASS	☐	☐	10. MOVING VEHICLE
☐	☐	5. TREES, CROPS, ETC.	☐	☐	11. OTHER (Specify)
☐	☐	6. BUILDING			

16. ROAD CHARACTER

Check one in each section

1. ☐ STRAIGHT
2. ☐ SHARP CURVE OR TURN
3. ☐ OTHER CURVES

1. ☐ LEVEL
2. ☐ UP HILL
3. ☐ HILL CREST
4. ☐ DOWN HILL

17. ROAD SURFACE

Check one

1. ☐ CONCRETE
2. ☐ BRICK
3. ☐ BLACK TOP
4. ☐ GRAVEL, SAND OR DIRT—OILED
5. ☐ GRAVEL, SAND OR DIRT—UNOILED
6. ☐ OTHER (Specify)

18. ROAD CONDITION

Check one

1. ☐ DRY
2. ☐ WET
3. ☐ MUDDY
4. ☐ SNOWY
5. ☐ ICY

Check one or more

6. ☐ LOOSE MATERIAL ON SURFACE
7. ☐ HOLES, DEEP RUTS
8. ☐ DEFECTIVE SHOULDERS
9. ☐ NO DEFECTS
10. ☐ OTHER DEFECTS (Specify)

WAS ROAD UNDER CONSTRUCTION OR REPAIR? ☐ YES ☐ NO

19. TRAFFIC CONTROL

Check one or more

Functioning:
- ☐ 1. R. R. CROSSING GATES
- ☐ 2. R. R. AUTOMATIC SIGNAL
- ☐ 3. OFFICER OR WATCHMAN
- ☐ 4. STOP AND GO LIGHT
- ☐ 5. STOP SIGN
- ☐ 6. WARNING SIGN OR SIGNAL
- ☐ 7. FLAGS OR FLARES

Not Functioning:
- ☐ 8. NO CONTROL PRESENT

20. DRIVER'S ACTIONS

Check one for each driver

FED	?		FED	?	
☐	☐	1. MAKING RIGHT TURN	☐	☐	8. BACKWARD FROM PARKING SPACE
☐	☐	2. MAKING LEFT TURN	☐	☐	9. OTHER BACKING
☐	☐	3. MAKING U TURN	☐	☐	10. STOPPED IN TRAFFIC LANE
☐	☐	4. GOING STRAIGHT AHEAD	☐	☐	11. OTHER (Specify)
☐	☐	5. SLOWING DOWN, STOPPING			
☐	☐	6. OVERTAKING, PASSING			
☐	☐	7. FORWARD FROM PARKING SPACE			

Check if applicable:

FED	?		FED	?	
☐	☐	12. SKIDDING	☐	☐	15. DISABLED VEHICLE, PARKED
☐	☐	13. AVOIDING VEHICLE, OBJECT, OR PEDESTRIAN	☐	☐	16. GAVE WARNING (Horn, Signal, Indicator)
☐	☐	14. EMERGING FROM ALLEY OR DRIVEWAY			

21. VIOLATIONS

Check one or more

FED	?		FED	?	
☐	☐	1. EXCEEDING LAWFUL SPEED	☐	☐	13. TURN FROM WRONG LANE
☐	☐	2. DID NOT HAVE RIGHT-OF-WAY	☐	☐	14. DISREGARDED STOP SIGN
☐	☐	3. ON WRONG SIDE OF ROAD	☐	☐	15. DISREGARDED WARNING SIGNAL
☐	☐	4. DRIVE THROUGH SAFETY ZONE	☐	☐	16. DISREGARDED STOP AND GO LIGHT
☐	☐	5. PASSING STANDING STREETCAR	☐	☐	17. DISREGARDED POLICE OFFICER
☐	☐	6. PASSING ON HILL	☐	☐	18. IMPROPER STARTING FROM PARKED POSITION
☐	☐	7. PASSING ON CURVE	☐	☐	19. IMPROPER PARKING
☐	☐	8. CUTTING IN	☐	☐	20. NO IMPROPER DRIVING INDICATED
☐	☐	9. FOLLOWING TOO CLOSELY	☐	☐	21. OTHER IMPROPER ACTION (Specify)
☐	☐	10. FAILURE TO SIGNAL OR IMPROPER SIGNAL			
☐	☐	11. WIDE RIGHT TURN			
☐	☐	12. CUT CORNER ON LEFT TURN			

22. ROAD WIDTHS AND LANES

WIDTH OF ROAD OR PAVEMENT | NUMBER OF LANES

WERE LANES MARKED? | WERE LANES SEPARATED?

BY WHAT?

23. POLICE ACTION, IF ANY

CHARGE

NAME OF PERSON CHARGED

NAME, BADGE NUMBER, AND DEPT. OF POLICE OFFICER

PAPER AND REFER TO SECTION NUMBERS

STANDARD FORM 91

OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT.

(Department or establishment)

1.

(Name and location of reporting unit)

2. GENERAL LOCATION, DATE, DAY AND HOUR OF ACCIDENT

IF ACCIDENT IN CITY, GIVE CITY OR TOWN AND STATE; IF OUTSIDE CITY LIMITS, INDICATE MILEAGE OR DISTANCE TO NEAREST CITY OR TOWN

(City or town) — (Miles) (Direction) FROM: Limits ☐ Center ☐

(County and State)

DATE	DAY OF WEEK	HOUR A. M. P. M.

3. EXACT LOCATION OF ACCIDENT

ACCIDENT OCCURRED ON (Street) (Highway)

NOTE: CHECK AND COMPLETE ONE. Name (or otherwise identify) nearest intersecting street, house number, power or telephone pole (give number), highway curve, bridge, railroad crossing, filling station, alley, driveway, culvert, guardrail, milepost, underpass, or other identifying landmark. Show exact distance.

☐ AT INTERSECTION WITH (Street or alley)

☐ NOT AT INTERSECTION (Distance) (Direction) of

AND (Distance) (Direction) of

FILL OUT THIS FORM ON THE SPOT, INSOFAR AS POSSIBLE

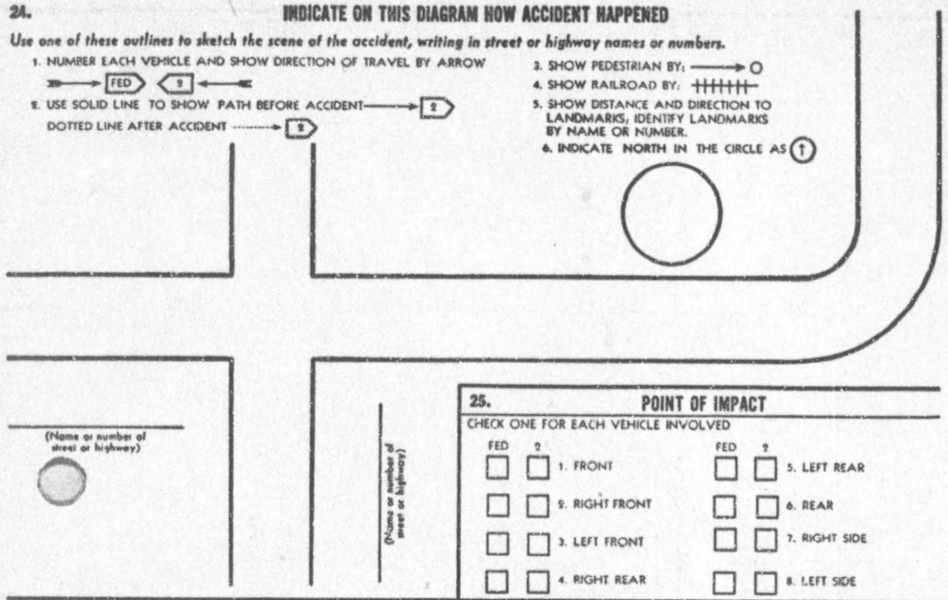
4. FEDERAL VEHICLE (Fed.) (Includes Privately Owned Federally Operated)			5. OTHER VEHICLE (2)		
YEAR	MAKE	BODY TYPE	YEAR	MAKE	BODY TYPE
REGISTRATION NO.	KIND OF CARGO	NUMBER OF PASSENGERS	REGISTRATION NO.	KIND OF CARGO	NUMBER OF PASSENGERS
WAS CARGO DAMAGED? YES	NO		WAS CARGO DAMAGED? YES	NO	
PARTS OF VEHICLE DAMAGED AND NATURE OF DAMAGE			PARTS OF VEHICLE DAMAGED AND NATURE OF DAMAGE		
GOING (Direction)	ON (Street or highway)		GOING (Direction)	ON (Street or highway)	
DISTANCE DANGER NOTICED (Feet)	ESTIMATED SPEED THEN (m. p. h.)	ESTIMATED SPEED AT IMPACT (m. p. h.)	DISTANCE DANGER NOTICED (Feet)	ESTIMATED SPEED THEN (m. p. h.)	ESTIMATED SPEED AT IMPACT (m. p. h.)
LAWFUL SPEED (m. p. h.)	DISTANCE TRAVELED AFTER IMPACT (Feet)		LAWFUL SPEED (m. p. h.)	DISTANCE TRAVELED AFTER IMPACT (Feet)	
MAXIMUM SAFE SPEED (m. p. h.)	OPERATOR'S PERMIT ☐ FEDERAL ☐ STATE		MAXIMUM SAFE SPEED (m. p. h.)	OPERATOR'S PERMIT	
TYPE OF PERMIT (Issuing State) (Permit number) ☐ CHAUFFEUR ☐ TRUCK DRIVER ☐ OPERATOR			TYPE OF PERMIT (Issuing State) (Permit number) ☐ CHAUFFEUR ☐ TRUCK DRIVER ☐ OPERATOR		
LIMITATION OF PERMIT			LIMITATION OF PERMIT		
DRIVER'S NAME	SEX / AGE		DRIVER'S NAME	SEX / AGE	
ADDRESS			ADDRESS		
NUMBER OF HOURS ON DUTY PRECEDING ACCIDENT	YEARS DRIVING EXPERIENCE	EXPERIENCE THIS TYPE VEHICLE	NAME AND ADDRESS OF OWNER (Include phone number)		

IF MORE SPACE IS NEEDED, USE BLANK PAPER AND REFER TO SECTION NUMBERS

24. INDICATE ON THIS DIAGRAM HOW ACCIDENT HAPPENED

Use one of these outlines to sketch the scene of the accident, writing in street or highway names or numbers.

1. NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW — FED ... 2
2. USE SOLID LINE TO SHOW PATH BEFORE ACCIDENT → 2; DOTTED LINE AFTER ACCIDENT ⇢ 2
3. SHOW PEDESTRIAN BY: ——→ O
4. SHOW RAILROAD BY: ++++++
5. SHOW DISTANCE AND DIRECTION TO LANDMARKS, IDENTIFY LANDMARKS BY NAME OR NUMBER.
6. INDICATE NORTH IN THE CIRCLE AS ↑



25. POINT OF IMPACT

CHECK ONE FOR EACH VEHICLE INVOLVED

FED	2		FED	2	
☐	☐	1. FRONT	☐	☐	5. LEFT REAR
☐	☐	2. RIGHT FRONT	☐	☐	6. REAR
☐	☐	3. LEFT FRONT	☐	☐	7. RIGHT SIDE
☐	☐	4. RIGHT REAR	☐	☐	8. LEFT SIDE

26. DESCRIBE WHAT HAPPENED

REFER TO VEHICLES BY "FED" AND "2"

27. SIGNATURE OF FEDERAL DRIVER | TITLE | DATE

28. STATEMENT OF REVIEWING OFFICIAL

WAS THE DRIVER ACTING WITHIN THE SCOPE OF HIS EMPLOYMENT? ☐ YES ☐ NO
STATE BASIS FOR ANSWER

WHAT CAUSED THE ACCIDENT?

HOW COULD IT HAVE BEEN PREVENTED?

WHAT ACTION HAS BEEN TAKEN?

USE THIS SPACE TO SHOW CONSEQUENCES OF ACCIDENT AFFECTING AGENCY PERSONNEL REPORTED IN SECTION 7.

A. ☐ MILITARY PERSONNEL ☐ CIVILIAN PERSONNEL

PROBABLE DISABILITY	NATURE OF INJURY AND PART OF BODY
DATE STOPPED WORK	
DATE RESUMED WORK	

B. ☐ MILITARY PERSONNEL ☐ CIVILIAN PERSONNEL

PROBABLE DISABILITY	NATURE OF INJURY AND PART OF BODY
DATE STOPPED WORK	
DATE RESUMED WORK	

SIGNATURE OF REVIEWING OFFICIAL | TITLE (Civilian or military) | DATE

STANDARD FORM 91 PROMULGATED DEC. 1947 BY BUREAU OF THE BUDGET
CIRCULAR A-3 REV. (SUPERSEDES S. F. NO. 26)

15181—FEC P&PC—7/51—160M