

UNITED STATES
DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
NATIONAL CAPITAL PARKSMOTOR-VEHICLE ACCIDENT REPORT
U. S. PARK POLICE

USE TYPEWRITER OR WRITE PLAINLY IN INK

Entered		REG. NO.
Initials	Date	
Reviewed By		

LOCATION OF ACCIDENT		TIME OCCURRED	
CITY	On <u>Old Cinder Road</u> St.	Date <u>3/22/55</u> , 19 <u>55</u>	
	At or between <u>Opposite L Bldg. Wing 1</u> St.	Day of the week <u>Tuesday</u>	
	And _____ St.		
	In city or town of _____	Time <u>8:20</u> A. M. P. M.	
RURAL	On Highway No. _____ miles _____ of _____ (N. S. E. W.)		
	And _____ feet _____ of _____ (N. S. E. W.) (Road (give number), bridge, railroad crossing, numbered pole, filling station, etc.)		
	Or at intersection with Highway No. _____ (Be as accurate and explicit as possible.)		

VEHICLES INVOLVED IN ACCIDENT			
VEHICLE No. 1	Make <u>Plymouth</u>	Type <u>Sedan</u>	Year built <u>1953</u>
	Owner <u>Diamond Cab Co.</u>	(Sedan, truck, taxi, etc.) <u>7735 74th N.W.</u>	Lic. No. <u>HA-4468</u> State <u>DC</u>
	Driver <u>[REDACTED]</u>	(Name) <u>[REDACTED]</u> (Street address) <u>[REDACTED]</u> (City or town) <u>Ind.</u>	FOIA b6
	Age <u>35</u> Sex <u>M</u> Race <u>C</u>	Driving experience <u>18</u> yr.	Operator's } Lic. No. <u>543131</u> State <u>DC</u>
	Direction <u>West</u> (N. S. E. W.)	Point of impact <u>Right side</u> (Right front, left side, etc.)	Estimated damage, \$ <u>20.00</u>
	Date car was last inspected <u>1954</u>	Estimated speed before accident <u>10 MPH</u>	Was car insured? (Yes or no) <u>Yes</u>
	Estimated speed at moment of impact <u>5 MPH</u>	Lawful speed <u>20 MPH</u>	Maximum safe speed under conditions <u>20 MPH</u>
	VEHICLE No. 2	Make <u>Ford</u>	Type <u>Bus</u>
Owner <u>Bus Co. CIA</u>		(Sedan, truck, taxi, etc.) <u>2430 E ST NW</u>	Lic. No. <u>2815FN</u> State <u>DC</u>
Driver <u>[REDACTED]</u>		(Name) <u>[REDACTED]</u> (Street address) <u>[REDACTED]</u> (City or town) <u>DC</u>	25X1A9a
Age <u>26</u> Sex <u>M</u> Race <u>C</u>		Driving experience <u>11</u> yr.	Operator's } Lic. No. <u>868978</u> State <u>DC</u>
Direction <u>West</u> (N. S. E. W.)		Point of impact <u>Left front</u> (Right front, left side, etc.)	Estimated damage, \$ <u>30.00</u>
Date car was last inspected <u>1954</u>		Estimated speed before accident <u>Stopped</u>	Was car insured? (Yes or no) _____
Estimated speed at moment of impact <u>3 MPH</u>		Lawful speed _____	Maximum safe speed under conditions <u>20 MPH</u>
VEHICLE No. 3		Make _____	Type _____
	Owner _____	(Sedan, truck, taxi, etc.) _____	Lic. No. _____ State _____
	Driver _____	(Name) _____ (Street address) _____ (City or town) _____	
	Age _____ Sex _____ Race _____	Driving experience _____ yr.	Operator's } Lic. No. _____ State _____
	Direction _____ (N. S. E. W.)	Point of impact _____ (Right front, left side, etc.)	Estimated damage, \$ _____
	Date car was last inspected _____	Estimated speed before accident _____	Was car insured? (Yes or no) _____
	Estimated speed at moment of impact _____	Lawful speed _____	Maximum safe speed under conditions <u>50.00</u>

PERSONS INJURED AND KILLED

NAME AND ADDRESS	AGE	SEX	RACE	CHECK	DESCRIPTION OF INJURIES
Name <u>None</u> Address _____				<input type="checkbox"/> Injured. <input type="checkbox"/> Killed. <input type="checkbox"/> Pedestrian. <input type="checkbox"/> Pass. in car _____	<input type="checkbox"/> Cuts. <input type="checkbox"/> Bruises. <input type="checkbox"/> Broken bones. <input type="checkbox"/> Internal injuries. <input type="checkbox"/> Shock. Describe _____
Name _____ Address _____				<input type="checkbox"/> Injured. <input type="checkbox"/> Killed. <input type="checkbox"/> Pedestrian. <input type="checkbox"/> Pass. in car _____	<input type="checkbox"/> Cuts. <input type="checkbox"/> Bruises. <input type="checkbox"/> Broken bones. <input type="checkbox"/> Internal injuries. <input type="checkbox"/> Shock. Describe _____
Name _____ Address _____				<input type="checkbox"/> Injured. <input type="checkbox"/> Killed. <input type="checkbox"/> Pedestrian. <input type="checkbox"/> Pass. in car _____	<input type="checkbox"/> Cuts. <input type="checkbox"/> Bruises. <input type="checkbox"/> Broken bones. <input type="checkbox"/> Internal injuries. <input type="checkbox"/> Shock. Describe _____
Name _____ Address _____				<input type="checkbox"/> Injured. <input type="checkbox"/> Killed. <input type="checkbox"/> Pedestrian. <input type="checkbox"/> Pass. in car _____	<input type="checkbox"/> Cuts. <input type="checkbox"/> Bruises. <input type="checkbox"/> Broken bones. <input type="checkbox"/> Internal injuries. <input type="checkbox"/> Shock. Describe _____
Name _____ Address _____				<input type="checkbox"/> Injured. <input type="checkbox"/> Killed. <input type="checkbox"/> Pedestrian. <input type="checkbox"/> Pass. in car _____	<input type="checkbox"/> Cuts. <input type="checkbox"/> Bruises. <input type="checkbox"/> Broken bones. <input type="checkbox"/> Internal injuries. <input type="checkbox"/> Shock. Describe _____
Name _____ Address _____				<input type="checkbox"/> Injured. <input type="checkbox"/> Killed. <input type="checkbox"/> Pedestrian. <input type="checkbox"/> Pass. in car _____	<input type="checkbox"/> Cuts. <input type="checkbox"/> Bruises. <input type="checkbox"/> Broken bones. <input type="checkbox"/> Internal injuries. <input type="checkbox"/> Shock. Describe _____

Injured were taken to _____ By _____

Are cars in running condition? _____ Stored at _____

Use this space for additional information. Attach separate sheets if necessary.

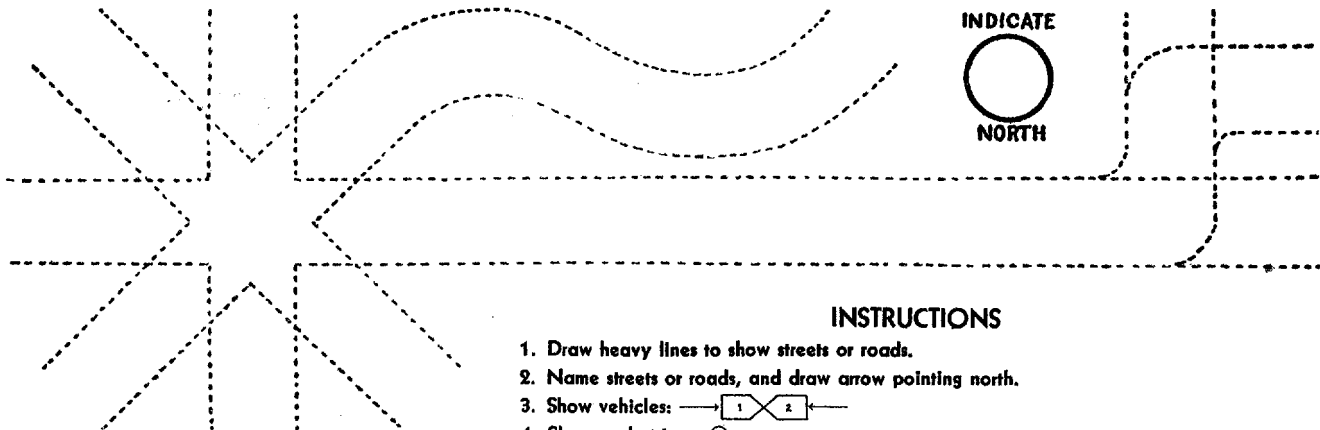
WITNESSES		
NAME	ADDRESS	AGE
<u>None</u>		

TYPE OF ACCIDENT	
Motor Vehicle With—	
<input checked="" type="checkbox"/> 1. Other motor vehicle.	
<input type="checkbox"/> 2. Pedestrian.	
<input type="checkbox"/> 3. Railroad train.	
<input type="checkbox"/> 4. Street car.	
<input type="checkbox"/> 5. Bicycle.	
<input type="checkbox"/> 6. Horse-drawn vehicle.	
<input type="checkbox"/> 7. Other vehicle.	
<input type="checkbox"/> 8. Animal.	
<input type="checkbox"/> 9. Fixed object.	
<input type="checkbox"/> 10. Noncollision.	



LIGHT CONDITIONS	
<input checked="" type="checkbox"/> 1. Daylight.	
<input type="checkbox"/> 2. Dusk—Semidarkness.	
<input type="checkbox"/> 3. Darkness—Street lights.	
<input type="checkbox"/> 4. Darkness—No street lights.	

WEATHER CONDITIONS	
<input type="checkbox"/> 1. Clear—Cloudy.	
<input type="checkbox"/> 2. Fog—Mist.	
<input checked="" type="checkbox"/> 3. Rain.	
<input type="checkbox"/> 4. Snow—Sleet.	
<input type="checkbox"/> 5. Smoke—D.	

INDICATE ON THIS DIAGRAM WHAT HAPPENED



INSTRUCTIONS

1. Draw heavy lines to show streets or roads.
2. Name streets or roads, and draw arrow pointing north.
3. Show vehicles: 
4. Show pedestrians: 
5. Show railroads: ++++++
6. Draw vehicles at point of accident. Use dotted lines from point of accident to point of final rest.
7. Show bridges, poles, road signs, etc.
8. Give distance to identifying landmarks, and measurements from point of impact to edge of roadway, point of final rest, etc.

DESCRIBE ACCIDENT BRIEFLY

I was passing #2 when he started to move and caught #1 on the right side

SIGNATURE *P. J. Daniel*
(Name of person submitting report)

(Street, city and State address)

3/22/55
(Date of report)

Operator ☐
Occupant ☐
Witness ☐
Other ☐

FOR OFFICIAL INVESTIGATOR ONLY

Arrested or Summoned (State which)	NAME	CHARGES	DISPOSITION

Did you witness the accident? *No.* Investigate at scene? *Yes* At hospital or doctor's office? *No.* Elsewhere? *No.*

Were photographs taken? *No.* Was first aid rendered? *No.* Time investigation began? *8:15* A. M. *3/22*, 19*55* Is investigation complete? *Yes*
P. M. *Put* *19*

SIGNATURE *P. J. Daniel* (Investigator's name) Rank *Put* Badge No. *19*

Department *Put* Approved For Release 2001/03/01 : CIA-RDP59-00882R000300330072-1 Date of Report *3/22/55*, 19*55*

1	2	3	Direction of Vehicle
			1. Straight through.
			2. Overtaking.
			3. Forward from parking space.
			4. Backward from parking space.
			5. Other backing.
			6. Right turn.
			7. Left turn.
			8. U-turn.
			9. Slow down or stop.
			10. Stopped in traffic.
			11. Parked.
			12. <i>Passing</i>
Check also if applies			
			1. Avoiding pedestrian.
			2. Avoiding other vehicle.
			3. Skidded.
			4. Crowded off roadway.
			5. Ran off roadway.
			6. Lost control.
			7. Car ran away—No driver.

1	2	3	Condition of Operator
			1. Intoxicated.
			2. Had been drinking.
			3. Had physical defect.
			What?
			4. Asleep.
			5. Fatigued.
			6. Inattentive.
			7. Confused by traffic.
			8. Apparently normal.
			9.

1	2	3	Condition of Vehicles
			1. Lights defective.
			2. Brakes defective.
			3. Steering defective.
			4. Puncture or blowout.
			5. Motor trouble.
			6. No apparent defects.
			7.

1	2	3	Action of Pedestrian
			1. Crossing at intersection—
			(a) With signal.
			(b) Against signal.
			(c) No signal.
			(d) Diagonally.
			2. Crossing between intersections.
			(a) Coming from behind parked car
			(b) Not coming from behind par. car
			3. Crossing rural highway.
			4. Walking in road—With traffic.
			5. Walk. in road—Against traffic.
			6. Playing in road or street.
			7. Working in road or street.
			8. Riding or hitching on vehicle.
			9. Waiting for or getting on or off streetcar—No safety zone.
			10. Same—Safety zone.
			11. Getting on or off other vehicle.
			12. Lying in roadway.
			13. Not in street or roadway.
			14.

1	2	3	Violations by Operators
			1. Exceeding speed limit.
			2. Speed too great for conditions.
			3. Improper passing—Hill.
			4. Improper passing—Curve.
			5. Improper passing—Intersec'n.
			6. Improper passing—Streetcar.
			7. Other improper passing (exp.).
			8. Wrong side of road.
			9. Did not have right of way.
			10. Failed to signal or imp. signal.
			11. Imp. turn—Wide right turn.
			12. Same—Cut corner on left turn.
			13. Same—Turn from wrong lane.
			14. Other improper turning.
			15. Imp. start from parked posit'n.
			16. Following too closely.
			17. Disregarded officer.
			18. Disregarded automatic signal.
			19. Disregarded STOP sign.
			20. Disregarded SLOW sign.
			21. Failed to stop at through highway—No sign.
			22. Drove through safety zone.
			23. Operating without lights.
			24. Improper parking.
			25. Failed to set out flags or flares.
			26. Failed to dim headlights.
			27. Other violations—Explain.
			28. No. violations.

Not Working	Working	Traffic Control
		1. R. R. crossing—Gates.
		2. Officer or watchman.
		3. Automatic signals.
		4. Flashing beacon.
		5. STOP signs.
		6. SLOW signs.
		7. Other warning signs.
		8. Roadway lines.
		9. No control present.
		10.

Surface of Road	
	1. Dry.
	2. Wet.
	3. Snowy—Icy.
	4. Muddy.
	5. Oily.
	6.
Check also if applies	
	1. Slippery.
	2. Roadway under repair.
	3. Obstruction not lighted.
	4. Loose material.
	5. Holes in road.
	6. Soft or low shoulders.

Condition of Pedestrian
1. Intoxicated.
2. Had been drinking.
3. Had physical defect.
What?
4. Confused by traffic.
5. Inattentive.
6. Apparently normal.
7.

Location of Accident
Check one:
1. Straight road intersection.
2. Alley or driveway intersection.
3. Railroad crossing.
4. Bridge, culvert, overpass.
5. Underpass.
6. Other.
Check one:
1. Straightaway.
2. Slight curve.
3. Sharp curve.
4. Winding road.
Check one:
1. Level.
2. Upgrade.
3. Downgrade.
4. Hill crest.