

RIC TO ST9 TRACTOR, WHEELED, IND DEMIL CODE A DODAAC SX1576

DECLARED EXCESS

FSN 2420 00 474 3357

TID NO. FE627121390175

QTY 1 COND HB

SF 120 NO. SX15762148L001

ARD 2225 SITE A1

LOCATION Y03040900

DATE RECD 82144

DOD CONTROL NO.

# ACCIDENT-IDENTIFICATION CARD

Any correspondence regarding accident should be addressed to:

MAKE REFERENCE TO

DATE OF ACCIDENT

MAKE AND TYPE OF VEHICLE

REGISTRATION NO.

DRIVER (*Last name—first name—initial*)

SERVICE NO.

GRADE

ORGANIZATION

GPO : 1963 - O - 673218

**DD**

FORM  
1 MAY 51

**518**

REPLACES WD AGO  
FORM 614, WHICH  
MAY BE USED.

ITEMS TO BE CHECKED (CONT'D)	OPERATOR SIGNATURE	DAY	
23.		23	
24.		24	
25.		25	
26.		26	
27.		27	
28.		28	
29.		29	
30.		30	
31.		31	
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42. SPARK CHECK (Weekly and Scheduled Inspection Intervals)			
TYPE INSPECTION (Weekly or Sched)	DATE DUE	DATE ACCOMP	OPERATOR OR MECHANIC SIGNATURE AND GRADE

TIRES GAUGED/ADJUSTED TO  
 FRT **25-35** LBS REAR **15-20** LBS  
*B. McLeod* *B. McLeod*

OPERATOR'S INSPECTION GUIDE AND TROUBLE REPORT (GENERAL PURPOSE VEHICLES)			DATE (MO/YR)
VEHICLE TYPE <b>TRACTOR AGE</b>		REGISTRATION NO. <b>67D 1347</b>	
USING ORGANIZATION <b>155 CAMRON</b>	LOCATION <b>LINCOLN ANG.</b>	PHONE NO. <b>473-1215</b>	
VEHICLE CONTROL OFFICER NAME <b>A. PENTE.</b>		GRADE <b>MAJOR</b>	PHONE NO. <b>473-1343</b>
ITEMS TO BE CHECKED	OPERATOR SIGNATURE	DAY	
1. CLEAN VEHICLE (exterior/interior)	<i>B. McLeod</i>	1	
2. DAMAGE (exterior/interior/missing parts)	<i>B. McLeod</i>	2	
3. TIRES/SPARE/JACK/LUG WRENCH	<i>B. McLeod</i>	3	
4. FUEL/OIL/COOLANT (level)		4	
5. LUBE/OIL CHANGE (ck due date)		5	
6. LEAKS (Fuel/water/oil)	<i>B. McLeod</i>	6	
7. BATTERY (cleanliness/fluid level)	<i>B. McLeod</i>	7	
8. DRIVE BELTS/PULLEYS	<i>B. McLeod</i>	8	
9. SAFETY DEVICES (Headrests/belts/warning lights)	<i>B. McLeod</i>	9	
10. INSTRUMENTS	<i>B. McLeod</i>	10	
11. WINDSHIELD WIPERS/WASHERS		11	
12. HORN		12	
13. LIGHTS (turn signal/reflectors)	<i>B. McLeod</i>	13	
14. CLEAN WINDOW GLASS (operator)	<i>B. McLeod</i>	14	
15. STEERING		15	
16. BRAKES		16	
17. UNUSUAL NOISE DURING OPERATION		17	
18. CARGO MOUNTED EQUIPMENT		18	
19.		19	
20.		20	
21.		21	
22.		22	

THIS FORM TO BE FILLED OUT BY THE GOVERNMENT OPERATOR AT THE TIME AND AT THE SCENE OF THE ACCIDENT, INsofar AS POSSIBLE.

# OPERATOR'S REPORT OF MOTOR-VEHICLE ACCIDENT

DEPARTMENT OR AGENCY

NAME AND LOCATION OF ORGANIZATION TO WHICH YOU ARE ASSIGNED

I OPERATOR	PLEASE PRINT FULL NAME (Last, First, Middle Initial)	AGE	RANK, RATING, OR TITLE
	SERVICE NUMBER OR SOCIAL SECURITY NUMBER	OPERATOR'S GOV. PERMIT NUMBER	
	HOME ADDRESS (Street, city, State, ZIP Code)	TELEPHONE (Home)	

II TIME AND PLACE	DATE AND DAY OF WEEK OF ACCIDENT	TIME	HOURS ON DUTY PRIOR TO ACCIDENT
	PLACE OF ACCIDENT (If accident in city, give city, street and number, and State; if outside city limits, indicate mileage to nearest city or other landmark.)		
	FROM WHAT PLACE TO WHAT PLACE WERE YOU BOUND		
FOR WHAT PURPOSE			

III YOUR VEHICLE	MAKE	TYPE	REGISTRATION NUMBER OR OTHER IDENTIFICATION
	PARTS OF VEHICLE DAMAGED (Describe)		OPERATOR'S ESTIMATED AMOUNT OF DAMAGE \$
	IF THIS IS A BACKING ACCIDENT, WAS GUIDE AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF AVAILABLE, WAS GUIDE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO			

IV OTHER VEHICLE AND PROPERTY (For additional vehicles see page 3)	MAKE	TYPE	YEAR	
	OPERATOR'S STATE PERMIT NUMBER	VEHICLE LICENSE NUMBER, AND STATE		
	OPERATED BY (Name)	VEHICLE OWNED BY		
	OPERATOR'S HOME ADDRESS (Street, city, State, ZIP Code)	OWNER'S ADDRESS (Street, city, State, ZIP Code)		
	PARTS OF VEHICLE DAMAGED (Describe)		OPERATOR'S ESTIMATED AMOUNT OF DAMAGE \$	
	OTHER VEHICLE OR PROPERTY DAMAGED (Describe)			