

For explanation of information required, see attached sheet.
This report is to be used for the prevention of accidents.

STANDARD FORM 11A (REV. JUNE 1953)

INVESTIGATION REPORT OF MOTOR VEHICLE ACCIDENT

U. S. Department of Interior
National Park Service
(Department or establishment)

Organ Pipe Cactus National Monument

(Name and location of reporting unit)

GENERAL LOCATION, DATE, DAY AND HOUR OF ACCIDENT

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

Headquarters
Organ Pipe Cactus Nat. Mon. 2 S FROM Center
(City or town) (Miles) (Direction) (Country and State)

DATE 2/24/57 DAY OF WEEK Sunday HOUR 10:15 P. M.

EXACT LOCATION OF ACCIDENT

1. OCCURRED ON Highway 85 Ajo - Sonoyta Highway
(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, billing station, alley, driveway, culvert, guardrail, milepost, underpass, or other identifying landmark. Show exact distance.

☐ AT INTERSECTION WITH (Intersecting street or alley)
☐ NOT AT INTERSECTION (Distance) (Direction) of (Distance) (Direction) AND (Distance) (Direction)

2. FEDERAL VEHICLE (Fed.) (Includes Privately Owned Federally Operated)

YEAR 1957 MAKE Buick BODY TYPE 2D Hardtop
REGISTRATION NO. 0-58717 KIND OF CARGO WAS CARGO DAMAGED? YES NO

PARTS OF VEHICLE DAMAGED AND NATURE OF DAMAGE
Vehicle turned over onto left side and top. Damages est. at \$1100.

GOING (Direction) ON (Street or highway) South Highway 85
DISTANCE DANGER NOTICED (Feet) ESTIMATED SPEED AT IMPACT (m.p.h.) 50
LAWFUL SPEED (m.p.h.) 50 DISTANCE TRAVELED AFTER IMPACT (Feet) 132
MAXIMUM SAFE SPEED (m.p.h.) 50 OPERATOR'S PERMIT ☐ FEDERAL ☐ STATE
TYPE OF PERMIT (Operating Street) (Permit number) Not given in report by Sheriff's Office
☐ CHAUFFEUR ☐ TRUCK DRIVER ☐ OPERATOR
LIMITATION OF PERMIT

DRIVER'S NAME Charles Hoyt Mackenzie SEX M AGE
ADDRESS Lukeville, Arizona
NAME AND ADDRESS OF OWNER (Include phone number) Same

NUMBER OF HOURS ON DUTY PRECEDING ACCIDENT YEARS DRIVING EXPERIENCE EXPERIENCE THIS TYPE VEHICLE

PROMULGATED BY BUREAU OF THE BUDGET CIRCULAR A-5 (REV.) 16-67414-3

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	B. NAME	SEX
ADDRESS	AGE	ADDRESS	AGE
CHECK ONE <input type="checkbox"/> KILLED <input type="checkbox"/> INJURED	<input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN	CHECK ONE <input type="checkbox"/> KILLED <input type="checkbox"/> INJURED	<input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN
CHECK ONE <input type="checkbox"/> IN FED. VEHICLE <input type="checkbox"/> IN OTHER VEHICLE	WHERE IN VEHICLE?	CHECK ONE <input type="checkbox"/> IN FED. VEHICLE <input type="checkbox"/> 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 (Street, highway, etc.) FROM (SW, NW, W, etc.) TO (NE, SE, E, etc.)

PEDESTRIAN WAS (Check one):

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

9. DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES OR CARGO

NAME OBJECTS, SHOW OWNERSHIP, STATE NATURE OF DAMAGE

Copy referred by Region Three Office
for Director
3/1/57
Sheriff's Office

10. KIND OF LOCALITY (Check one)

<input type="checkbox"/> 1. MANUFACTURING AND INDUSTRIAL	<input checked="" type="checkbox"/> 2. OPEN COUNTRY
<input type="checkbox"/> 3. SHOPPING AND BUSINESS	<input type="checkbox"/> 4. INDUSTRIAL PREMISES
<input type="checkbox"/> 5. RESIDENTIAL	<input type="checkbox"/> 7. HOME OR DOMESTIC PREMISES
<input type="checkbox"/> 6. SCHOOL AND PLAYGROUND	<input type="checkbox"/> 8. OTHER (Specify)

11. LIGHT (Check one)

<input type="checkbox"/> 1. DAYLIGHT	<input type="checkbox"/> 2. DAWN
<input type="checkbox"/> 3. DUSK	<input type="checkbox"/> 4. DARKNESS WITH:
<input checked="" type="checkbox"/> 4. ARTIFICIAL LIGHT	<input type="checkbox"/> 5. NO ARTIFICIAL LIGHT

12. WEATHER (Check one)

<input checked="" type="checkbox"/> 1. CLEAR	<input type="checkbox"/> 4. FOG
<input type="checkbox"/> 2. RAIN	<input type="checkbox"/> 5. OTHER (Specify)
<input type="checkbox"/> 3. SNOWING	

16-67414-1

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ORP I

13. CONDITION OF DRIVER AND PEDESTRIAN Check for each person FED 1. HAD NOT BEEN DRIVING FED 2. HAD BEEN DRIVING, IF SO FED 3. ABILITY NOT IMPAIRED FED 4. NOT KNOWN WHETHER IMPAIRED Check one or more FED 5. PHYSICAL DEFECT FED 6. OTHER MANNERS, CAPS, CARRYING BUNDLES, UMBRELLAS, ETC. FED 7. SLEEP, FATIGUED, ETC. FED 8. APPARENTLY ASLEEP FED 9. APPARENTLY NORMAL		14. CONDITION OF VEHICLE Check one or more for each vehicle FED 1. DEFECTIVE BRAKES FED 2. ONE HEADLIGHT OUT FED 3. BOTH HEADLIGHTS OUT FED 4. TAILLIGHT OUT OR OBSCURED FED 5. DIM COWL OR TAIL LIGHTS ONLY FED 6. BURNED LIGHTS FED 7. OTHER LIGHTS OR REFLECTORS DEFECTIVE FED 8. THE BLEW OUT FED 9. DEFECTIVE STEERING MECHANISM FED 10. NO APPARENT DEFECTS FED 11. OTHER DEFECTS (Specify)	
15. VISION OBSCURED BY Check where applicable FED 1. RAIN, SNOW, ETC., ON WINDSHIELD FED 2. CRACKED WINDSHIELD FED 3. DIRTY WINDSHIELD, WINDOWS FED 4. WINDSHIELD WASH-POWY NOT USABLE FED 5. TREES, CROPS, ETC. FED 6. BUILDING FED 7. EMBANKMENT FED 8. SIGNBOARDS FED 9. PARKED VEHICLE FED 10. MOVING VEHICLE FED 11. OTHER (Specify) Sleep		16. ROAD CHARACTER Check one in each section FED 1. STRAIGHT FED 2. SHARP CURVE OR TURN FED 3. OTHER CURVES FED 4. LEVEL FED 5. UP HILL FED 6. HILL CREST FED 7. DOWN HILL 17. ROAD SURFACE Check one FED 1. CONCRETE FED 2. BRICK FED 3. BLACK TOP FED 4. GRAVEL, SAND, OR DIRT-ROAD FED 5. GRAVEL, SAND, OR DIRT-UNPAVED FED 6. OTHER (Specify)	
18. ROAD CONDITION Check one FED 1. DRY FED 2. WET FED 3. MUDDY FED 4. SNOWY FED 5. ICY WAS ROAD UNDER CONSTRUCTION OR REPAIR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Check one or more FED 6. LOOSE MATERIAL ON SURFACE FED 7. HOLES, DEEP RUTS FED 8. DEFECTIVE SHOULDERS FED 9. NO DEFECTS FED 10. OTHER DEFECTS (Specify)		19. TRAFFIC CONTROL Check one or more FED 1. R. R. CROSSING GATES FED 2. R. R. AUTOMATIC SIGNAL FED 3. OFFICER OR WATCHMAN FED 4. STOP AND GO LIGHT FED 5. STOP SIGN FED 6. WARNING SIGN OR SIGNAL FED 7. FLAGS OR FLARES FED 8. NO CONTROL PRESENT	
20. DRIVER'S ACTIONS Check one for each driver FED 1. MAKING RIGHT TURN FED 2. MAKING LEFT TURN FED 3. MAKING U TURN FED 4. GOING STRAIGHT AHEAD FED 5. SLOWING DOWN, STOPPING FED 6. OVERTAKING, PASSING FED 7. FORWARD FROM PARKING SPACE Check if applicable: FED 8. SKEWING FED 9. AVOIDING VEHICLE, OBJECT, OR PEDESTRIAN FED 10. EMERGING FROM ALLEY OR DRIVEWAY FED 11. BACKWARD FROM PARKING SPACE FED 12. OTHER BACKING FED 13. STOPPED IN TRAFFIC LANE FED 14. OTHER (Specify)		21. VIOLATIONS Check one or more FED 1. EXCEEDING LAWFUL SPEED FED 2. DID NOT HAVE RIGHT-OF-WAY FED 3. ON WRONG SIDE OF ROAD FED 4. DROVE THROUGH SAFETY ZONE FED 5. PASSING STANDING STREETCAR FED 6. PASSING ON HILL FED 7. PASSING ON CURVE FED 8. CUTTING IN FED 9. FOLLOWING TOO CLOSELY FED 10. FAILURE TO SIGNAL OR IMPROPER SIGNAL FED 11. WIDE RIGHT TURN FED 12. CUT CORNER ON LEFT TURN FED 13. TURN FROM WRONG LANE FED 14. DISOBEYED STOP SIGN FED 15. DISOBEYED WARNING SIGN OR SIGNAL FED 16. DISOBEYED STOP AND GO LIGHT FED 17. DISOBEYED POLICE OFFICER FED 18. IMPROPER STARTING POSITION FED 19. IMPROPER PARKING FED 20. NO IMPROPER DRIVING INDICATED FED 21. OTHER IMPROPER ACTION (Specify)	
22. ROAD WIDTHS AND LANES WIDTH OF ROAD OR PAVEMENT WERE LANES MARKED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO BY WHAT? 21 feet WERE LANES SEPARATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NUMBER OF LANES 2		22. POLICE ACTION, IF ANY CHARGE NAME OF PERSON CHARGED Section # 28-693 NAME, RANK, POSITION, AND DEPT. OF POLICE OFFICER Charles Hoyt Mackenzie B.L. McCoy, #44, Deputy Pima County, Arizona	

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.
 2. SHOW PEDESTRIAN BY:
 3. SHOW RAILROAD BY:
 4. SHOW DISTANCE AND DIRECTION TO LANDMARKS, IDENTIFY LANDMARKS BY NAME OR NUMBER.
 5. USE SOLID LINE TO SHOW PATH BEFORE ACCIDENT, DOTTED LINE AFTER ACCIDENT.
 6. INDICATE NORTH IN THE CIRCLE AS

25. POINT OF IMPACT
 CHECK ONE FOR EACH VEHICLE INVOLVED
 FED 1. FRONT
 FED 2. RIGHT FRONT
 FED 3. LEFT FRONT
 FED 4. RIGHT REAR
 FED 5. LEFT REAR
 FED 6. REAR
 FED 7. RIGHT SIDE
 FED 8. LEFT SIDE

26. DESCRIBE WHAT HAPPENED
 REFER TO VEHICLES BY "FED" AND "1"
 "This vehicle was headed south, vehicle's right wheel rode the shoulder for approx. 200' then cut back across the highway in an angle and leaving approx. 105' of skid marks from edge to edge of highway in angle. Then from edge of highway vehicle travelled ~~39'~~ 39' to point of impact. Vehicle turned over on it's left side and top and landed on its four wheels and traveled in an angle south, at 48' to the edge of road, across the highway again approx. 54' in an angle to the edge of the road, from edge of road to the point of rest was approx. 30' to rear of vehicle, this vehicle was facing south."

From Sheriff's report.
 Investigated by Pima County Sheriff's Office.

27. STATEMENT OF REVIEWING OFFICIAL
 WAS THE DRIVER ACTING WITHIN THE SCOPE OF HIS EMPLOYMENT?
 STATE BASIS FOR ANSWER **YES** ☒ NO ☐
 PROBABLE CAUSE OF THE ACCIDENT
 HOW COULD IT HAVE BEEN PREVENTED?
 WHAT ACTION HAS BEEN TAKEN?
 SIGNATURE OF REVIEWING OFFICIAL **Charles Hoyt Mackenzie**
 TITLE (Civilian or military)
 DATE

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