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DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
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☆☆
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Major General
The Adjutant General

DEPARTMENTAL DIRECTIVE
NO. 451*

16 March 2005

SURFACE TRANSPORTATION
UTILIZATION OF STATE VEHICLES

- 1. PURPOSE:** This Directive prescribes the policy for utilization of State vehicles assigned to The Department of Military and Veterans Affairs (NJDMAVA).
- 2. APPLICABILITY:** Only State employees (permanent) with a current and valid driver's license are authorized to operate State-owned/leased vehicles. Members of the NJ Army and Air National Guard are not authorized to drive state vehicles unless they are in State Active Duty Status.
- 3. REFERENCES:**
 - a. New Jersey Department of Treasury Circular 93-04A-DPP, State Vehicular Assignment and Use, dated 01 August 1998.
 - b. New Jersey Department of Treasury Circular 05-08-OMB, Taxability of the Personal Use of State Provided Vehicles and Driver Services, dated 01 January 2004.
 - c. New Jersey Department of Treasury Circular 94-33-GSA, Procurement of State Motor Vehicles, dated 12 October 1993.
 - d. New Jersey Department of Treasury Bulletin 14, Automotive Service and Gasoline Facilities dated April 2002.
 - e. Department Directive 105.6 dated 22 October 2003, Subject: Assignment and Use of Cellular Telephones, Pagers, Blackberries and PDA Equipment.
- 4. OBJECTIVE:** To provide for the economical and efficient utilization of State vehicles assigned to this Department.

**THIS DIRECTIVE SUPERSEDES DEPARTMENTAL DIRECTIVE 451, DATED 13 JULY 2001.*

5. RESPONSIBILITY:

a. The Adjutant General (TAGNJ) through the Director, Information and Administrative Services Division (IASD), shall have the overall responsibility of effective management of all vehicles assigned to this Department.

b. The Department Vehicle Coordinator, (IASD-ASB-RALV), shall have the responsibility of:

(1) Coordinating with the Department of Treasury, Division of Purchase and Property for acquisition of new or donated vehicles and turn in of old vehicles.

(2) Maintaining vehicle jackets and records.

(3) Receiving, tracking and issuing commercial and NJ State fuel credit cards.

(4) Maintaining commute records.

(5) Managing and tracking vehicle assignments and location.

(6) Processing request for Out-of-State Travel (Form VIC-106).

(7) Acquiring through NJ Department of Treasury and NJ Division of Motor Vehicles, State confidential license plates, as required and approved by The Adjutant General (TAGNJ).

(8) Ordering, issuing and maintaining record of EZ Pass assignments.

(9) Forwarding monthly vehicle mileage reports to Department of Treasury and to Director, IASD.

(10) Overall responsibility for ensuring that all DMAVA vehicles are inspected as required.

(11) Ensuring that all vehicles are scheduled and delivered for required maintenance.

(12) Ensuring that all vehicles are returned clean, full of fuel and maintained in a safe operating manner.

(13) Ensuring that damaged vehicles are processed for repair or disposal in accordance with Dept of Treasury guidelines.

c. Each Division, Facility or Activity having one vehicle or a pool of vehicles, shall appoint a Facility Vehicle Coordinator (FVC). The name of the FVC will be forwarded to the Department Vehicle Coordinator (IASD-ASB-RALV). The FVC will have the responsibility to:

- (1) Certify that operators of assigned vehicles have a current and valid license to operate a motor vehicle in the State of New Jersey.
- (2) Maintain a record of vehicle dispatch and vehicle utilization.
- (3) Submit monthly mileage report no later than the third working day of each month to the Department Vehicle Coordinator.
- (4) Ensure proper and timely maintenance and/or repairs are made to all vehicles assigned.
- (5) Forward a copy of Central Motor Pool Maintenance/Repair Order Form (Fig 1) to the Department Vehicle Coordinator upon receipt.
- (6) Forward Department of Treasury Form VIC 106, Request for Credit Card Assignment (Fig 2), to the Department Vehicle Coordinator.
- (7) Request purchase of new vehicles and turn in of old vehicles through the Department Vehicle Coordinator.
- (8) Forward original State of New Jersey Accident Form, NJ Form RM-1A (Fig 3 and 4) and/or State of New Jersey Vehicle Incident Form, NJ Form RM-1B (Fig 5) along with Police Report to the Department Vehicle Coordinator.
- (9) Ensure Form RM-1A and Form RM-1B are in each vehicle or vehicle logbook.
- (10) Ensure a copy of Treasury Bulletin 13, Automotive Service and Gasoline Facilities, is in each vehicle or vehicle logbook.
- (11) Ensure all vehicles with State license plates (SG) have State required decal(s) placed correctly on the vehicle.
- (12) Ensure all assigned vehicles are inspected as required.

6. VEHICLE ASSIGNMENT:

- a. All vehicles will be assigned to a Division or Facility Vehicle Pool or, upon approval of the TAGNJ, to an individual.
- b. The Adjutant General or his/her designated representative may assign individual vehicles.
- c. Most vehicles will remain in the Department's fleet and serve as pool cars.
- d. Pool vehicles will be dispatched on a daily, as needed basis by the FVC.

e. Vehicles should be utilized for a minimum of:

- (1) 1,200 miles per month for individual assigned vehicles.
- (2) 750 miles per month for pool vehicles.

f. Individual assignment of a vehicle shall not be for commuting purpose only.

g. Individual assignment of a State vehicle is to provide direct transportation to or from an employee's residence to a job or work site, not to employee's primary work location.

h. Use of an individually assigned vehicle is prohibited for personal business, errands or personal shopping etc. Vehicle may be utilized for lunch and scheduled breaks when traveling on official State business.

i. Individually assigned vehicles shall not be used to transport passengers except on official Department business.

j. A vehicle may be utilized for emergency medical treatment and/or obtaining emergency prescriptions.

k. On the work day immediately following snowfall, individuals assigned vehicles, as well as sections with pool vehicles, will remove snow from windshields and all windows and roofs.

7. STATE SEAL AND BUMPER STICKERS:

a. Pool vehicles will be issued NJ License Plates with "SG" preceding the plate number.

b. All pool vehicles will display:

(1) **"State of New Jersey, for Official Business"** conspicuously on each side rear window of vehicle.

(2) **"Call 1-800-992-2761, Misused vehicle"** on rear bumper of vehicle.

NJ Statute 52:31-15

Any person using any such automobile or vehicle without the same being marked, and any person or officer upon whose authority such automobile or vehicle not so marked is used, shall be guilty of a misdemeanor and subject to a fine of, but not to exceed \$100."

c. Specified vehicles issued standard NJ License Plates (confidential) are not subject to paragraph 7.a. and b. above.

8. PROCEDURE FOR VEHICLE USE:

a. Division Directors, Chief Executive Officers and FVC's are encouraged to personally scrutinize requirements, itineraries and to consolidate field trips of personnel to ensure efficient use of assigned State vehicles.

b. Request for out-of-state travel and use of commercial credit card will be requested by submitting NJ Form VIC 106, Request for Credit Card Assignment, (Fig 2).

(1) Form VIC-106 must be forwarded to Department Vehicle Coordinator at a minimum of 72 hours prior to trip.

(2) Out-of-state travel is 25 or more miles over state boundaries.

(3) The Director, Information and Administrative Services Division, must approve the use of State vehicles for out-of-state travel.

c. Vehicle Dispatch:

(1) Interoffice Memorandum, Vehicle Dispatch Request, must be submitted to the Department Vehicle Coordinator for use of a vehicle from the IASD Dispatch Pool.

(2) Driver of a dispatched vehicle shall have the responsibility to:

(a) Ensure all occupants in vehicle utilize safety restraints.

(b) Clean all trash, papers, cups etc. from vehicle.

(c) Return vehicle with fuel tank no less than one-half full.

(3) Request for a vehicle from the IASD Dispatch Pool will be canceled if vehicle is not signed out within one (1) hour after dispatch request time.

(4) Vehicles will be dispatched in the order requests are received. Requests for exception will be made to the Assistant Commissioner.

(5) Department Vehicle Coordinator will spot check returned vehicles for cleanliness.

9. OPERATORS RESPONSIBILITY:

Operators must:

a. Possess a current and valid motor vehicle driver's license from their state of residence.

b. Inform the FVC of any type of suspension or revocation of current driver's license.

- c. Not operate an unsafe vehicle and must immediately report any unsafe condition and/or deficiency of the vehicle to the FVC.
- d. Ensure safety restraints (seat belts) are utilized by all occupants in vehicle.
- e. Be responsible for the security of all contents in vehicle.
- f. Legally park, turn ignition off, remove keys and lock all doors when vehicle is left unattended.
- g. Ensure vehicle is returned clean and free of debris (i.e. coffee cups, papers, bags etc).
- h. Ensure fuel tank is not less than one-half (1/2) full upon return of vehicle to motor pool.
- i. Park vehicles at proper designated locations (pool vehicles will be parked in the 2nd parking lot behind the Headquarters building) while doing business at the DMAVA Central Offices.
- j. Be prohibited from drinking alcoholic beverages, smoking or using drugs while operating a State vehicle. Passengers in State vehicles are also prohibited from consuming alcoholic beverages, smoking or using drugs.
- k. Inspect vehicle for damage prior to use. Operator will immediately report damage to supervisor.
- l. Adhere to all traffic laws and regulations. Operator is responsible for all traffic violations and/or fines.
- m. Be prohibited from use of cellular phones and/or wireless communication devices while operating a State vehicle unless the device is equipped with hands-free capability IAW DD 105.6.

Non-compliance with conditions and regulations shall result in temporary or permanent loss of privileges to operate or utilize a State-owned vehicle.

10. EZ PASS, FUEL AND CREDIT CARDS:

a. EZ PASS:

- (1) Request for EZ Pass boxes will be made to The Department Vehicle Coordinator by the FVC. Request must include make, model, year and license plate of vehicle.
- (2) EZ Pass box will be utilized only in the vehicle assigned.
- (3) EZ Pass is to be utilized to a maximum.

b. COMMERCIAL FUEL CREDIT CARDS:

- (1) Each Division or Facility shall be assigned two commercial fuel credit cards.
- (2) The Division Director shall be responsible for security and use of assigned commercial credit cards.
- (3) Commercial credit cards shall be used under strict management and control.
- (4) Only unleaded regular fuel shall be used unless otherwise specified.
- (5) NJ State fuel facilities are to be fully utilized. Commercial fuel credit card is to be used for out-of-state travel or for emergency use only.
- (6) Emergency use of commercial credit card for repairs is limited to \$100.00.

c. NJ STATE FUEL CARDS:

- (1) NJ State Fuel Cards are only to be used to fuel the vehicle corresponding to the license plate number stamped on card.
- (2) NJ State Fuel Cards and NJ State Fuel Facilities are to be utilized to a maximum.

11. ROAD SERVICE:

- a. The vehicle operator will notify his/her supervisor of need for road service and/or repairs. The supervisor will contact supporting Maintenance Garage.
- b. The operator shall inform supervisor of precise location, type of vehicle, license plate and problem when calling for road service.
- c. The operator shall inform supervisor of names of other occupants in vehicle.
- d. If road service is required after normal working hours, operator will contact one of the vendors listed in Department of Treasury Bulletin 13, Automotive Service and Gasoline Facilities.

12. MOTOR VEHICLE ACCIDENT:

- a. The operator of a state vehicle shall:
 - (1) Contact local Police for every accident.

(2) Notify Supervisor with following information as soon as possible:

- (a) Accident location.
- (b) Amount of vehicle damage.
- (c) Names of passengers in vehicle.
- (d) Possible injuries.

(3) Make no statements regarding accident other than to investigating Police Officer, your Supervisor, Department Safety Officer or NJ Office of Risk Management.

(4) The operator will complete (blue form) State of NJ Form RM-1A, State of New Jersey Vehicle Accident Report, (Fig 3 and 4) for vehicle accident or (green form) NJ State Form RA-1B, State of New Jersey Incident Report, (Fig 5) for a vehicle incident.

(5) Form RA-1B is used for damage to vehicle (i.e. broken glass body damage etc.) while vehicle is parked and/or unattended.

(6) Supervisors will sign RA-1A and/or RA-1B and submit report to the Department Vehicle Coordinator.

(7) Form RA-1A or RA-1B will be forwarded within 24 hours of accident and police report upon receipt of report to the Department Vehicle Coordinator.

(8) FVC will retain copies of Police Report and NJ Forms RM-1A and 1B.

13. REPLACEMENT AND PURCHASE OF VEHICLES: The following information is required to be submitted to the Department Vehicle Coordinator:

a. VEHICLE PURCHASE:

(1) Make, model, color, options or special equipment and purchase price of new vehicle requested.

(2) Make, model, year, license plate of turn in vehicle.

(3) Turn-in vehicle should have a minimum of 100,000 miles.

(4) Source of funding.

(5) Request for fleet increase vehicle purchase:

(a) Follow requirements (1) and (2) above.

(b) Justification must explain reason for, and need of fleet increase, vehicle use and explanation of non-use or non-availability of existing fleet vehicles to meet new vehicle use requirement.

(6) To avoid missing Department of Treasury vehicle purchase cut-off dates, new vehicle requests should be submitted to The Department Vehicle Coordinator NLT 01 February of purchase year.

(7) The Assistant Commissioner is the DMAVA approving official for vehicle purchases.

b. BORROWED, RENTED, LOANED OR RELOCATED VEHICLES:

(1) Make, model and license plate of vehicle.

(2) Department or agency vehicle received from.

(3) Length of time expected to have vehicle.

14. COMMUTE REPORTS: Shall be submitted to the Department Vehicle Coordinator no later than the third working day of each month.

15. VEHICLE OPERATIONS: All actions related to motor vehicles shall go through the Department Vehicle Coordinator for final approval by the Assistant Commissioner.

a. Reassignment of vehicle(s).

b. Relocation of vehicle(s).

c. Replacement or turn in of vehicle(s).

d. Request for purchase of new vehicle(s).

e. Rentals or borrowed vehicle(s).

f. Special equipment requests, modifications and/or other requirements.

g. EZ Pass requests.

h. Confidential License Plate request.

i. Request use of vehicle for out-of-state travel.

- j. Trades, swaps of vehicles between Divisions, Facilities or Departments.
- k. Forward a copy of all vehicle repairs and/or services. Work orders must be forwarded to the Department Vehicle Coordinator as received.
- l. Request for individual vehicle assignment.
- m. All vehicle mileage reports must be forwarded to The Department Vehicle Coordinator no later than the third working day of each month.

The proponent of this Directive is the Information and Administrative Services Division-Administrative Services Bureau (IASD-ASB). Users are invited to submit comments and suggested improvements directly to NJDMAVA, ATTN: IASD-ASB, PO Box 340 Trenton, NJ 08625-0340.

OFFICIAL:

GLENN K. RIETH
Major General, NJARNG
The Adjutant General

BARBARA DEARDEN
Chief, Administrative Services
Information and Administrative Services Division

DISTRIBUTION: A, A1, A2, B, C, D, E

CENTRAL MOTOR POOL MAINTENANCE/REPAIR ORDER
STATE OF NEW JERSEY DEPARTMENT OF TREASURY * TRANSPORTATION SERVICES

Unit : SG17557	Work Order : 71367
Year : 2000	Location : 008 EGGERTS CROSS
Make : FORD	WO Opened : 08-MAR-2005 13:53
Model : CONTOUR	WO Completed : 09-MAR-2005 10:52
Serial : K141299	WO Closed : 09-MAR-2005 10:56
Parked : 9	Using Dept : 0673600033
WO Max \$: 0.00	MVA/NATIONAL GUARD TRAINI
Division: MVA067	WO Meter : 48258 M
County : MERCER	WO LTDUsage : 47926
Chg Acct: 1000673600033	WO Meter2 : 0 N
LAST PMA: 47137 03-NOV-2004	WO Reason : N NON SCHEDULED
LAST PMB: 0	WO Status : Closed
FB %: 70% 11/6/04 47137MI.	Priority : 3
RB %: 75% 11/6/04 47137MI.	LAST PMF: 0

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Act Labor Hours:      3:41  Std Labor Hours :      0:00  WO PART $      0.00
Est Labor Hours:      0:00  Total Labor Hrs :      3:41  WO LABOR $     137.76
Act vs. Est Lab: *N/A*                                WO COMM $      0.00
                                                    TOTAL $      137.76

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Work order notes:

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Notes added by 081 on 08-mar-2005 13:55:18
ED TURRIAN 530-6866
CONF. TAG LUP33L
***** Work order originated by 081 on 08-mar-2005 13:55:18
***** Work order changed by 081 on 09-mar-2005 10:56:27
***** Completed Work Order Notes *****
Work order completed at 09-mar-2005 10:56:48 by 081 (KEIL BOB JR.).
***** Closed Work Order Notes *****
Work order closed at 09-mar-2005 10:56:53 by 081 (KEIL BOB JR.).

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Job Code: 12-45                               Est Labor hrs: 0:00
Desc : DIAG-REPAIR POWER PLANT                Est Labor $ : 0.00
Reason : NON SCHEDULED                        Std Labor hrs: 0:00
Warr? : No                                    Std Labor $ : 0.00
                                                    Act Labor hrs: 3:26
                                                    Act Labor $ : 128.41

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Job Notes:

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Notes added by 081 on 08-mar-2005 13:54:36
VEHICLE STALLS

Notes added by ECR on 09-mar-2005 10:36:27

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Figure 1

REQUEST FOR CREDIT CARD ASSIGNMENT Department of the Treasury • Division of Administration Bureau of Transportation Services		
Note: The purpose of a retail credit card is to provide a <u>supplemental</u> means of obtaining motor fuels and essential fluids, and to effect minor repairs for the named supplier in <u>emergency situations</u> .		
1. Department	2. Division	3. License Plate:
4. Type of Assignment (Check one)		
A. <input type="checkbox"/> Individual Assignment: Name _____ Official Work Station _____ Home Address _____		
B. <input type="checkbox"/> Pool Assignment: Name of office or organizational unit _____ Address where vehicle will be parked when not is use _____		
C. <input type="checkbox"/> Out-of-state use: Destination: _____ Dates: Begin _____ Return _____		
<input type="checkbox"/> Request for temporary assignment of out-of-state card <input type="checkbox"/> Request to use assigned card		
JUSTIFICATION: 		
5. I certify that all the information supplied on this form is true to the best of my knowledge. I have read and understand the conditions pertaining to the assignment and use of credit cards on the reverse side of this form.		
Signature of assignee: _____ Office Phone #: _____		
6. Department/Agency Approval:		
Signature of Department/Agency Head: _____ Office Phone #: _____		
7. Department of Treasury, Division of Administration Approval:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Signature of Deputy Director, Div of Administration: _____		
This space for use by the Bureau of Transportation Services only.		
1 st issue credit card # _____	Issued to vehicle license # _____	
2 nd issue card# _____	Comments _____	
Temporary card# _____	By _____	Date: _____

(ADM-106) • REVISED 10/03

Figure 2

RM-1A supersedes RMI.2		State of New Jersey Vehicle Accident Report		Print or Type only		Agency Use only - Loc #.	
Accident Date	Day of Week	Time AM PM	# of Vehicles	# Killed	# Injured	Name of Police Dept or Investigating Agency	
Location of Accident (Municipality)		Route # or Name of Street		If not an Intersection, Collision was Between: ROAD 1 _____ ROAD 2 _____ Distance from Road _____			
County		Intersecting Street, Road, or Railroad					
STATE VEHICLE 1		Was Citation Issued? YES NO		Citation to Whom? State Driver Other Driver		Vehicle # -	
State Driver (Last Name)		(First Name)		(Middle Initial)		Phone Number () () ()	
Home Address (Number)		(Street)		(City)		(State) (Zip)	
Social Security Number	Age	Sex	Driver's License Number	State	Dept. / Div.		
Make of Vehicle	Year of Vehicle	License Plate Number / SG #		Vehicle Owner / Lessor			
Employee's Workstation Address (Number)		(Street)		(City)		(State) (Zip)	
OTHER VEHICLE 2		Insurance Company		Policy Number			
Other Driver (Last Name)		(First Name)		(Middle Initial)		Phone Number () () ()	
Driver's Address (Number)		(Street)		(City)		(State) (Zip)	
Birthdate	Eye Color	Sex	Driver's License Number	State	Make of Vehicle	Year	License Plate # State
Vehicle Owner (Last Name / Company)		(First Name)		(Middle Initial)		Phone Number () () ()	
Owner's Address (Number)		(Street)		(City)		(State) (Zip)	
Persons Injured (Other Than State Driver)		Name & Address		Tel. NO.		Passenger in: State Car Other Car Ped	
1		Name & Address		Tel. NO.		Passenger in: State Car Other Car Ped	
2		Name & Address		Tel. NO.		Passenger in: State Car Other Car Ped	
3		Name & Address		Tel. NO.		Passenger in: State Car Other Car Ped	
Use <input type="checkbox"/>		Vehicle 1 Normal job related operation		2. Commuting to or from home and place of work (temp. or permanent)		Loss of workdays off job Estimated Actual	
Use <input type="checkbox"/>		3. Commuting to or from breakfast, lunch, or dinner and place of work.		Count work days (consecutive or not). Employee would have worked, but could not because of occupational injury or illness. Don't count day of injury, holidays or normal days off.		Workdays on Modified Job Estimated Actual	
Use <input type="checkbox"/>		4. Other (do-line)		DOT use only - 5. Stripping 6. Sanding 7. Snow Plowing 8. Road or Bridge Maint.		Enter total of 1. Days assigned to temporary job. 2. Part time days on regular job. 3. Days on regular job but unable to perform all normally connected duties.	
Use <input type="checkbox"/>		NISP use only - 9. Pursuit 10. Response 11. Surveillance					

TYPE OF STATE VEHICLE	
<input type="checkbox"/> 1. Subcompact	<input type="checkbox"/> * Specialized equipment such as bulldozers, graders, street sweepers, backhoes, forklifts, lawnmowers & other similar equipment.
<input type="checkbox"/> 2. Compact	
<input type="checkbox"/> 3. Passenger car/station wagons	
<input type="checkbox"/> 4. Vans used for transporting people	
<input type="checkbox"/> 5. All other Vans	
<input type="checkbox"/> 6. Utility Vehicles & pick up trucks	
<input type="checkbox"/> 7. Light Trucks - Wt. 5,000 - 10,000 Lbs.	
<input type="checkbox"/> 8. Medium Trucks - Wt. 10,001 - 20,000 Lbs.	
<input type="checkbox"/> 9. Heavy Trucks - Wt. 20,001 - 45,000 Lbs.	
<input type="checkbox"/> 10. Extra Heavy Trucks - Wt. over 45,000 Lbs.	
<input type="checkbox"/> 11. Misc Equipment *	** Fire engines, ambulances, Etc.
<input type="checkbox"/> 12. Buses	
<input type="checkbox"/> 13. All other Motor vehicles **	

ENVIRONMENTAL CONDITIONS		
<input type="checkbox"/> 1. Clear	<input type="checkbox"/> 2. Rain	<input type="checkbox"/> 3. Snowy
<input type="checkbox"/> 4. Fog	<input type="checkbox"/> 5. Other	
Weather		
<input type="checkbox"/> 1. Dry	<input type="checkbox"/> 2. Wet	<input type="checkbox"/> 3. Snow
<input type="checkbox"/> 4. Icy	<input type="checkbox"/> 5. Other	
Surface Condition		
<input type="checkbox"/> 1. Daylight	<input type="checkbox"/> 2. Dawn or Dusk	
<input type="checkbox"/> 3. Dark (Street lights on)	<input type="checkbox"/> 4. Dark (Street lights off)	
<input type="checkbox"/> 5. Dark (No Light)		
Light Condition		
<input type="checkbox"/> 1. Pedestrian	<input type="checkbox"/> 2. Other motor Veh.	
<input type="checkbox"/> 3. Overturned		
<input type="checkbox"/> 4. Pedalcycle		
<input type="checkbox"/> 5. Moped or Motorcycle	<input type="checkbox"/> 6. Animal	
<input type="checkbox"/> 7. Fixed Object	<input type="checkbox"/> 8. Other object	
Collision Involved With		
Defensive Driving within the last 36 Months?		
1 - Yes <input type="checkbox"/>	Date / /	**
2 - No <input type="checkbox"/>	** If "YES" Date must be indicated	

Information in this area to be Provided by Employee's Supervisor.

STATE DRIVER INJURIES

0. First aid or other non recordable incident

1. Medical Treatment - Employee transferred

2. Medical Treatment - Employee terminated

3. Medical Treatment - Employee terminated

4. Loss of consciousness - no medical treatment

5. Lost work day case

6. Lost work day case - Employee transferred

7. Lost work day case - Employee terminated

8. Fatality Fatality Date / /

Figure 3

THIS DIAGRAM MUST BE COMPLETED FOR EVERY ACCIDENT

(Use That Portion of the Diagram Which Most Closely Resembles the Roadway Where the Accident Occurred)

INSTRUCTIONS: Give Street Names or Route Numbers, Direction and Location of Objects Involved

(1) Use solid line to show path of travel and arrow direction of travel

(2) Use solid line to show path of travel and arrow direction of travel after accident

(3) Show motorcycle or bicycle by \rightarrow -O-, Pedestrian by \rightarrow -O-

Railroad by \rightarrow -O-

INDICATE INITIAL IMPACT DAMAGE

Yes No

Did airbag deploy? Yes No

AREAS DAMAGED

V1 V2

10 Undercarriage

11 Overturmed

12 Totaled

13 None or Unknown

14 Other

DESCRIPTION OF ACCIDENT
PRINT CLEARLY!

Refer to vehicles by number - Give direction and approximate speed of each vehicle.
Include description of property damage other than vehicle damage.

ADD SUPPLEMENTAL SHEETS AS NECESSARY

NAME	ADDRESS	TELEPHONE NUMBER	SIGNATURE OF STATE DRIVER COMPLETING THE FORM	DATE	TITLE / ORGANIZATION	TELEPHONE NUMBER
W			A			
I	ADDRESS	TELEPHONE NUMBER	B	DATE	TITLE	TELEPHONE NUMBER
T			C			
M	ADDRESS	TELEPHONE NUMBER	D	DATE	TITLE	TELEPHONE NUMBER
E			E			
S			F			
S			G			
			H			
			I			
			J			

POLICE REPORT TO BE FORWARDED AS SOON AS POSSIBLE

Figure 4

