

Department of Behavioral Health
TRANSMITTAL LETTER

SUBJECT Government and Personal Vehicle Operators Accountability Policy		
POLICY NUMBER DBH Policy 750.3A	DATE DEC 02 2014	TL# 270

Purpose. This policy was revised to clarify the obligations of employees regarding the use of a District government vehicle or a personal vehicle for District government business, and that employees who fail to operate District government or authorized personal vehicles in accordance with this Policy may be subject to disciplinary or administrative action.

Applicability. Applies to all District of Columbia Department of Behavioral Health employees.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority offices.

Effective Date. This policy is effective immediately.

Superseded Policies. This policy supersedes DBH Policy 750.3, same subject, dated December 17, 2013.

Distribution. This policy will be posted on the DBH web site at www.dbh.dc.gov under Policies and Rules. Applicable entities are required to ensure that affected staff is familiar with the contents of this policy.



Stephen E. Baron
Director, DBH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF BEHAVIORAL HEALTH	Policy No. 750.3A	Date DEC 02 2014	Page 1
	Supersedes DBH Policy 750.3, same subject, dated 12-17-13		
Subject: Government and Personal Vehicle Operators Accountability Policy			

1. **Purpose.** To implement and maintain a system that adheres to the Mayor's Order 2009-210.
2. **Applicability.** Applies to all District of Columbia Department of Behavioral Health employees.
3. **Authority.** Mayor's Order 2009-210, dated December 7, 2009; Federal Motor Carrier Safety Regulations, Section 391.25; and Distracted Driving Safety Act of 2004.
4. **Policy.**
 - 4a. DBH shall implement and maintain a system of managing the use of vehicles for authorized government business that ensures safe operation of government vehicles; maximum compliance with laws and regulations governing operation of any vehicle while on authorized government business; accountability of operators for notices of infraction received as a result of operating any vehicle on government business or having assigned custody of a government vehicle; complete knowledge of the nature of vehicle assignments and custody; and appropriate operator qualification and training for vehicles operated.
 - 4b. DBH prohibits DBH employees from using a government or personal vehicle within the scope of their employment for District government business without prior written approval from their supervisor and compliance with this policy.
 - 4c. The use of District government vehicles for non-District government business is prohibited.
 - 4d. Employees who violate and/or fail to enforce the provisions of this Policy are subject to disciplinary and/or administrative action.
5. **Responsibilities and Procedures.**
 - 5a. **The DBH Director** shall submit to the Director of the Department of Motor Vehicles (DMV), or designated representative, the name, email address, work address, and telephone number of its Fleet Certifying Official (FCO) each calendar year. In the event there is a change in the FCO, the agency shall notify the Director of DMV or designated representative in writing with the new information.
 - 5b. **The Director of Logistics and Materials Management**, located at the Saint Elizabeths Hospital, shall serve as the FCO. The FCO is responsible for managing the use of government and privately owned vehicles for authorized government business and shall:

- (1) Establish and maintain a fleet registry of all vehicles assigned to DBH and submit the registry to the Department of Motor Vehicles. The registry shall identify vehicles by tag number, make, model, and year and shall include the ownership status of the vehicles (leased or owned). If leased, the name and address of the leasing company shall be provided as well.
- (2) Ensure Commercial Driver's License (CDL) requirements are followed, as applicable.
- (3) Maintain a daily record of who has custody of each agency-controlled government vehicle at all times.
- (4) Request and obtain copies of the following on or before October 15 each year:
 - Supervisor's written authorization, Vehicle Operator's Acknowledgement Form, and copy of driver's license for all employees who are authorized to drive District government vehicles, and
 - In addition to the foregoing, a copy of the vehicle registration and insurance information for employees who are authorized to drive privately owned vehicles for District government business.
- (5) Maintain and send a copy of the employee's driver's license and any accompanying information to the D.C. Office of Risk Management (ORM) for verification of status of the employee's driver's license and driving record; and promptly provide any changes in employee's driver's license to ORM.
- (6) Notify employees who are identified as responsible for paying tickets for infractions and the options for answering a citation.

5c. **Supervisors** shall:

- (1) Evaluate whether employee has a need to drive a government or privately owned vehicle in order to perform official duties within the scope of his or her employment.
- (2) Provide prior written authorization for those employees whom the supervisor determines should be authorized to drive a government or privately owned vehicle for District government business, including statement as to whether or not employee is authorized to transport DBH consumers or contractors (Exhibit 1) and provide employees a copy of this policy as follows:
 - upon the employee assuming a position in which he/she is required or authorized to operate a government or privately owned vehicle for District government business, and
 - annually thereafter in conjunction with the employee's performance evaluation, or
 - on a per trip or assignment basis.

(3) Obtain a copy of the employee's driver's license, and signed Vehicle Operator's Acknowledgement Form (Exhibit 2), and if an employee is authorized to drive a privately owned vehicle for District government business, also obtain a copy of the employee's vehicle registration and insurance declaration page.

(4) Maintain a copy of each, and provide to the FCO upon initial authorization, annually thereafter, and whenever an employee submits revised documentation.

- If applicable, also provide a copy of the authorization, employee's driver's license, and Vehicle Operator's Acknowledgement Form to the responsible manager who is assigned District government vehicles.

(5) Submit Form DGS-ICT, Authorization for Inner City Travel, in accordance with DBH Policy 750.2, DBH Travel and Training Reimbursement Policy, as applicable.

(6) Notify the FCO of any reported change in the status of an employee's driver's license; and of any reported accident, incident, citation, or summons incurred by employees while operating a vehicle on authorized government business.

(7) Revoke an employee's privilege of driving a District or personal vehicle for District government business if an employee's driver's license or driver's record fails to comply with applicable requirements for the lawful operation of a vehicle. An employee's driving privilege may also be suspended or revoked based on the severity and number of incidents and/or traffic infractions. Permission to drive a government vehicle may also be revoked if the employee uses the vehicle for other than official District government business. Revocation/suspension shall be in addition to any other action that may be taken by the agency.

5d. Before Operating any District Government or Personal Vehicle for District Government Business, Employees shall:

(1) Obtain written authorization to use a government vehicle or personal vehicle to conduct government business. Failure to do so may result in disciplinary and/or administrative action.

(2) If the employee seeks to operate a government vehicle, provide the required documents to his/her supervisor: a copy of the employee's driver's license; and the Vehicle Operator's Acknowledgment Form signed by the employee. See Section 5e of this Policy for additional requirements.

(3) If the employee seeks to operate a personal vehicle to conduct government business, provide a copy of the employee's vehicle registration and vehicle insurance in addition to the documents listed in (2) above. See Sections 5f and 6 of this Policy for additional requirements.

5e. DBH Manager/Designee who is Assigned District Government Vehicle(s) shall:

- (1) Obtain a copy of the supervisor's authorization, employee's driver's license, and signed Vehicle Operator's Acknowledgement Form prior to allowing an employee to operate a District government vehicle.
- (2) Maintain a copy of the each item listed in Section 5e(1) above, and provide a copy to the FCO upon request.
- (3) Conduct periodic checks for valid driver's license, as deemed appropriate.
- (4) Notify the FCO of any reported change in an employee's driver's license, or incidents involving a District government vehicle immediately or no later than the next business day.
- (5) Submit vehicle mileage report to the FCO by the 5th of each month.

5f. Employees who are Authorized to Drive a District Government Vehicle shall:

- (1) Visually inspect the government vehicle and report any damages to the DBH manager who is assigned the vehicle prior to operating the government vehicle.
- (2) Sign the office vehicle log (Exhibit 3) upon receipt and return of keys to government car, and operate the District government vehicle in a safe, responsible manner.
- (3) Maintain a valid driver's license, and have this license in his or her possession while on duty and operating the vehicle.
- (4) Answer notices of infractions received while operating or having custody of a vehicle on District government business within thirty (30) days of receipt.
- (5) Notify supervisor and the responsible DBH manager who is assigned the District government vehicle immediately (no later than the next business day) if there is any change in his/her driver's license status; and of any accident, incident, citation, or summons incurred while operating, or having custody of a government vehicle on authorized District government business.
- (6) Submit Motor Vehicle Accident Report (Exhibit 4) to the FCO/designee no later than 48 hours after an accident.

5g. Employees who have Written Authorization to Drive a Private Vehicle for District Government Business shall:

- (1) Report business use of privately owned vehicles to their insurance carrier.
- (2) Notify supervisor within three (3) business days of change in status of insurance information.

(3) Maintain a valid driver's license, and have this license in his or her possession while on duty and operating the vehicle.

(4) Answer notices of infractions received while operating or having custody of a vehicle on District government business within thirty (30) days of receipt.

(5) Notify supervisor no later than the next business day if there is any change in their driver's license status; and of any accident, incident, citation, or summons incurred while operating a privately owned vehicle on authorized government business.

(6) Submit Motor Vehicle Accident Report to the FCO/designee no later than 48 hours after an accident.

6. **Vehicle Requirements for the Use of Privately Owned Vehicle for District Government Business.**

6a. Number of Authorized Vehicles. An employee is only allowed to operate one personal vehicle for District government business.

6b. Vehicle Registration. The employee shall provide a copy of the vehicle registration to his or her supervisor before using a privately owned vehicle for District government business. The supervisor shall provide a copy of the registration to the FCO.

The FCO shall maintain copies of the current registrations for all authorized personal vehicles, and forward a copy of each registration to ORM. The FCO shall notify ORM immediately of any changes in vehicles.

6c. Auto Insurance.

(1) Proof of Insurance. Employees who are authorized to operate a privately owned vehicle while conducting District government business shall provide their supervisor with proof of automobile insurance coverage (declaration page) for the vehicle prior to operating the vehicle for official government purposes.

(2) Notification to Insurance Carrier. Employees shall report business use of privately owned vehicles to their insurance carrier.

(3) Insurance Coverage for Transportation of Non-District Government Employees. If an employee is authorized to use a privately owned vehicle to transport non-District government employees (such as DBH consumers or contractors) as part of the employee's job responsibilities, the employee shall maintain insurance coverage for these individuals.

(4) Change of Status in Auto Insurance. If there is a change in status of automobile insurance coverage or compliance with other requirements, the employee shall be required to notify his or her supervisor within three (3) business days of receipt of notice of the change. The supervisor shall provide to the FCO, who shall maintain a record of this information, and provide copies of these documents to ORM.

6d. Lawful Operation of Vehicle.

Employees who are authorized to operate a privately owned vehicle while conducting District government business shall provide their supervisor with proof of compliance with all registration, inspection, and other requirements applicable to the vehicle.

7. **Training** shall be conducted at least annually by the DBH Risk Manager. Training shall include:

- Safe operation of government and privately owned vehicles;
- Distracted Driving requirements;
- Smoke free requirements;
- Compliance with laws and regulations that govern the operation of vehicles while conducting authorized government business including Mayor's Order 2009-210;
- Accountability for tickets and notices of infraction received as a result of operating government vehicles or having assigned custody of government vehicles;
- Nature of vehicle assignments and custody; and
- Forms that must be completed before operating a government or privately owned vehicle to include driver's license and insurance requirements.

8. Penalties for Violation of Policy.

Any employee who violates or fails to enforce provision(s) of this policy may have their privilege to operate a vehicle while conducting District government business suspended or revoked and may be subject to disciplinary or administrative action.

9. **Questions** regarding this notice or any of the requirements/procedures for operating a District government vehicle may be directed to the DBH Risk Manager at 202-673-7690.

Approved By:

Stephen T. Baron
Director, DBH


(Signature) _____ 12/2/14
(Date)

District of Columbia
Department of Behavioral Health

**Authorization to Use a Government or Privately Owned
Vehicle for District Government Business**

Authorization for use of a vehicle for District government business shall be limited to use that is within the employee's scope of employment.

Unless specified in writing, an employee is not performing District government business or acting within the scope of his or her employment while driving to or from work.

Operating a District government vehicle without prior authorization is prohibited.

The agency shall prohibit employees from transporting non-District government employees while using government or privately owned vehicles for District government business, unless transporting non-District government employees, such as DBH consumers or contractors is one of the employee's job responsibilities, and is expressly authorized in writing.

Employee Printed Name

Job Title

1. You are authorized to use the following type(s) of vehicle for District government business within the scope of your employment:

- District Government Vehicle
- Privately Owned Vehicle (*only if a copy of the employee's vehicle registration and insurance declaration page is provided*).

2a. You **are not authorized** to transport non-District government employees.

2b. You **are only authorized** to transport non-District government employees in the vehicle(s) indicated above for the following purposes:

- Transport of Consumers
- Audits
- Community Service Reviews
- Site Visits
- Other (specify) _____
- Not applicable, you are not authorized to transport non-District government employees.

3. For Authorization to Drive a Privately Owned Vehicle Only:

I have received a copy of the employee's vehicle registration and insurance declaration page.

4. Authorization and Signatures

Expiration Date: _____ (Authorization may be on a yearly or per trip basis)

Supervisor's Signature

Date

Employee's Acknowledgement

I hereby acknowledge that I received a copy of DBH Policy 750.3A, Government and Personal Vehicle Operators Accountability Policy. I agree to abide by the policy and this authorization. I understand that if I have questions, at any time, regarding this policy, I will consult with my immediate supervisor or DBH Risk Manager.

Employee Signature

Date

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
VEHICLE OPERATOR'S ACKNOWLEDGEMENT FORM**

Employee's Name: _____

Driver's License #: _____

Job Title: _____

Agency: _____

Telephone Number: _____

Email Address: _____

I. Operation of a vehicle for government business

A. Performance of my duties on behalf of the Government of the District of Columbia requires my operating a government or authorized vehicle on government business. I acknowledge that it is my responsibility to operate any government or authorized vehicle in a safe manner and in full compliance with the law. This includes regular use of seat belts, strict adherence to speed limits, traffic lights and signs, compliance with parking restrictions, and strict adherence to prohibitions and requirements for the prevention of distracted driving.

B. I understand and agree that I am solely responsible for any notices of infraction received as a result of operating, or having custody of, a vehicle on District government business, including parking tickets, red-light camera tickets, and speeding tickets. I agree to answer any such notices of infraction within thirty (30) days of receipt. I agree to report any notices of infraction received as a result of operating, or having custody of, a vehicle on District government business, as well as any vehicular accidents to my designated supervisor or manager immediately. I agree to complete and submit the Motor Vehicle Accident Report Form to my designated supervisor or manager within forty-eight (48) hours of a vehicular accident.

C. I agree to maintain a valid driver's license sufficient to permit me to operate a vehicle lawfully on District government business. I agree to provide a copy of my driver's license to my designated supervisor or manager annually and otherwise at my agency's request. I further agree to notify my designated supervisor or manager of any change in the status of my driver's license by my next scheduled work day. If my driver's license was issued by a jurisdiction other than the District of Columbia, I agree to obtain verification of the status of my driver's license and my driving record from the issuing jurisdiction at my agency's request.

D. I understand and agree that I may not transport non-District government employees in a government or privately owned vehicle while on District government business unless such transportation is permitted by agency policy and I have been expressly authorized in writing to do so by my agency. I further understand and agree that, unless my agency expressly provides otherwise in writing, driving to or from work is neither District government business nor within the scope of my employment.

II. Use of privately owned vehicles by District employees:

A. I understand and agree that I may use a privately owned vehicle for District government business, within the scope of my employment, only at the discretion of and with the approval of my designated supervisor or manager. I understand that I may request a mileage allowance at the rate established under applicable law and regulations for the expenses associated with authorized use of a privately owned vehicle for District government business. I understand and agree that if I am involved in an accident while acting within the scope of my employment in the course of my official duties, my liability for personal injury and property damage to third parties will be governed by the District of Columbia Employee Non-Liability Act, approved July 14, 1960 (74 Stat. 519; D.C. Official Code § 2411 et seq.). I further understand and agree that if I am injured while carrying out District government business, I am limited to making a claim under the Disability Compensation Program established by the District of Columbia Government Comprehensive Merit Personnel Act, effective March 3, 1979 (D.C. Law 2-139; D.C. Official Code § 1-623.01 et seq.). I understand and agree that the District's liability for property damage to my personal vehicle sustained incident to its authorized use for District government business shall be limited to any settlement the District may make of a claim made under the Military Personnel and Civilian Employees Claim Act of 1964 (Act), approved August 31, 1964 (78 Stat. 767; 31 U.S.C. § 3721). I understand and agree that the District may, in its discretion, settle such a claim in accordance with the Act and any applicable rules, for an amount that does not exceed \$10,000. I understand and agree that I will not receive compensation for property damage to my personal vehicle resulting from my own negligent or wrongful conduct.

B. I agree that, if I am authorized to use a privately owned vehicle for government business, I shall identify and use only one vehicle for this purpose. I agree to maintain insurance coverage for this vehicle and for any non-District government employee I am authorized to transport and to report business use of this vehicle to the insurance carrier. I further agree to comply with all applicable registration, inspection and other requirements for the vehicle and to provide proof of compliance with these requirements, and of insurance coverage, to my designated supervisor or manager annually and otherwise at my agency's request. I agree to notify my designated supervisor or manager of any change in the status of automobile insurance coverage or other requirements within three (3) business days of receipt of notice of such change.

I understand that failure to comply with the requirements stated in this notice may result in disciplinary or administrative action against me, up to and including termination of employment.

I understand that this serves as written notice for the operation of a personal vehicle for official District government business.

Signature

Employee's Signature

Date

Motor Vehicle Accident Report Form

PHONE #	AGENCY CONTACT INFORMATION	AGENCY
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DATE OF ACCIDENT	TIME OF ACCIDENT AM: PM:	LOCATION ACCIDENT OCCURED: <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW _____ ft of _____ Street Street	STATE
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TYPE OF ACCIDENT (check one) ___ 00 Collision of vehicles ___ 01 Collision with fixed object ___ 02 On board school bus ___ 03 Boarding/Alighting ___ 04 Pedestrian ___ 05 Fatality	TRAFFIC CONDITIONS (check one) ___ 00 Unknown ___ 01 Heavy ___ 02 Medium ___ 03 Light	TRAFFIC CONTROLS (check one) ___ 00 Unknown ___ 05 Flashing Light ___ 01 Yield Sign ___ 06 Stop Sign ___ 02 Signal ___ 07 None ___ 03 Officer ___ 08 Other ___ ___ 04 Turn Restricted	ROAD SURFACE (check one) ___ 00 Unknown ___ 01 Concrete ___ 02 Asphalt ___ 03 Light ___ 04 Gravel ___ 05 Dirt ___ 06 Other	ROAD CONDITION (check one) ___ 01 Unknown ___ 02 Repairing ___ 03 Dry ___ 04 Wet ___ 05 Ice
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ROAD TYPE (check one) ___ 00 Straight ___ 05 Underpass ___ 01 Curve ___ 06 Ramp ___ 02 Level ___ 07 Bridge ___ 03 Grade ___ 08 Divided ___ 04 Crest	LIGHT CONDITIONS (check one) ___ 00 Unknown ___ 01 Dawn/Dusk ___ 02 Dark ___ 03 Daylight	STREET LIGHTS (check one) ___ 00 Unknown ___ 01 Defective street light(s) ___ 02 No street light(s) ___ 03 Street light(s) on ___ 04 Street light(s) off	WEATHER (check ALL that apply) ___ 00 Unknown ___ 03 Rain ___ 01 Fog/Midst ___ 04 Snow ___ 02 Clear ___ 05 Sleet
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Total # of Vehicles Involved: _____

District Driver & Vehicle Information

District Vehicle No. _____ # of Passengers in District Vehicle: _____ # of Passengers Injured in District Vehicle: _____

District Operator (Last Name, First Name, M.I.) _____ Age _____ Sex _____ Full or Part-time (FT or PT) _____ Driver Injured: Yes or No

Drivers License # _____ License State: _____ Home Phone #: () _____ - _____ Cell Phone #: () _____ - _____

Vehicle Model/Year _____ Make _____ Body Style _____ Tag #/State/Year _____ Vehicle Color _____ Vehicle Damaged: Yes or No

Speed at time of Impact: _____ mph Skid Mark Details: _____

Vehicle Driven Away: Yes or No Vehicle left at scene: Yes or No If towed, to where: _____

DRIVER CONDITION
(check ALL that apply)

- ___ 00 Fatigued
- ___ 01 Ill
- ___ 02 Physical defect
- ___ 03 Asleep
- ___ 04 Normal
- ___ 05 Unknown
- ___ 06 Ability Impaired
- ___ 07 Ability not impaired

PRIMARY CAUSE OF ACCIDENT:

Insert ONE code from below for **DISTRICT** vehicle here: Insert ONE code from below for **CLAIMANT** vehicle here:

- | | | | |
|--------------------------------|---------------------------------|-------------------------------------|---------------------------------|
| ___ 00 Speed | ___ 08 Flashing light | ___ 16 Other Defects | ___ 22 Defective light(s) |
| ___ 01 Defective brakes | ___ 09 Directional light | ___ 17 Pedestrian Violation | ___ 23 Pedestrian drunk |
| ___ 02 Signal | ___ 10 Stop Sign | ___ 18 Driver inattention | ___ 24 Road defects |
| ___ 03 Auto right of way | ___ 11 Alcohol influence | ___ 19 Cell Phone | ___ 25 Driver vision obstructed |
| ___ 04 Pedestrian right of way | ___ 12 Improper lane change | ___ 20 Failure to set parking brake | ___ 26 Other: _____ |
| ___ 05 Improper Turn | ___ 13 One way street-wrong way | ___ 21 Opened door in traffic | _____ |
| ___ 06 Yield Sign | ___ 14 Wrong side of street | ___ 22 Drug influence | _____ |
| ___ 07 Stop/Go light | ___ 15 Improper starting | ___ 23 Backing | _____ |

Motor Vehicle Accident Report Form

Claimant Information

Claimant (Last Name, First Name, M.I.) _____ Age _____ Sex _____ Estimated Damage \$ _____

Home Address _____ Business Address _____

Drivers License #/State _____ Home Phone #: () _____ - _____ Alternate Phone #: () _____ - _____

Vehicle Model/Year: _____ Tag #/State/Year: _____
 Make: _____ Vehicle Color: _____
 Body Style: _____

of Passengers in Claimant Vehicle: _____ # of Passengers Injured in Claimant Vehicle: _____
 Do you have Collision Insurance? Yes No Amount of Deductible \$ _____

Vehicle Damaged: Yes or No Speed at time of Impact: _____ mph Skid Mark Details: _____
 Was vehicle driven away? Yes or No Was vehicle left at the scene? Yes or No If towed, to where: _____
 Tow Co. Info. _____

INJURY CODE (check ALL that apply) **CLAIMANT CONDITION** (check one)
 00 Fatal 01 Disabling 02 Non-disabling 03 None 00 Fatigued 01 Ill 02 Physical defect
 04 Unknown 05 No visible injury 06 Complaint of pain/no visual injury 03 Asleep 04 Normal 05 Unknown
 06 Ability Impaired 07 Ability not impaired

TYPE OF VEHICLE (check one):
 00 Passenger Auto 01 Bus 02 Truck 03 Trailer 04 Unknown 05 Taxi 06 Motorcycle 07 Bicycle
 08 Fire engine 09 Ambulance 10 Fixed Object 11 Vendor Cart 12 Heavy Equipment 13 Other: _____

Additional Claimant Information

Claimant (Last Name, First Name, M.I.) _____ Age _____ Sex _____ Estimated Damage \$ _____

Home Address _____ Business Address _____

Drivers License #/State _____ Home Phone #: () _____ - _____ Alternate Phone #: () _____ - _____

Vehicle Model/Year: _____ Tag #/State/Year: _____
 Make: _____ Vehicle Color: _____
 Body Style: _____

of Passengers in Claimant Vehicle: _____ # of Passengers Injured in Claimant Vehicle: _____
 Do you have Collision Insurance? Yes No Amount of Deductible \$ _____

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Vehicle Damaged: Yes or No Speed at time of Impact: _____ mph Skid Mark Details: _____
 Was vehicle driven away? Yes or No Was vehicle left at the scene? Yes or No If towed, to where: _____
 Tow Co. Info. _____

INJURY CODE (check ALL that apply) **CLAIMANT CONDITION** (check one)
 00 Fatal 01 Disabling 02 Non-disabling 03 None 00 Fatigued 01 Ill 02 Physical defect
 04 Unknown 05 No visible injury 06 Complaint of pain/no visual injury 03 Asleep 04 Normal 05 Unknown
 06 Ability Impaired 07 Ability not impaired

TYPE OF VEHICLE (check one):
 00 Passenger Auto 01 Bus 02 Truck 03 Trailer 04 Unknown 05 Taxi 06 Motorcycle 07 Bicycle
 08 Fire engine 09 Ambulance 10 Fixed Object 11 Vendor Cart 12 Heavy Equipment 13 Other: _____

