DRIVER SAFETY PROGRAM

LOSS PREVENTION UNIT
OFFICE OF RISK MANAGEMENT
DIVISION OF ADMINISTRATION

2007 V – 1.0

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DRIVER SAFETY PROGRAM

Introduction

R.S. 39:1543 requires the development of a comprehensive loss prevention program, for implementation by all state agencies, including basic guidelines and standards of measurement. The Driver Safety Program is part of the Loss Prevention program required by the Office of Risk Management in accordance with LAC Title 37. [2.1.1] Its purpose is to provide a systematic method of screening, training, and accountability for employees and supervisors required to assign or drive state owned vehicles or personal vehicles on state business. The Office of Risk Management is required by state law to assess premiums to each state agency.

The following materials are included to assist administrators, supervisors, and loss prevention representatives, in managing and implementing safe driving by state employees. A glossary and sample forms are included and described later in this section of the manual.

Components of Louisiana's Driver Safety Program

1. Agency Policies and Procedures:

   A. Responsibilities – Each agency shall implement a written safe driving program. This program shall include rules defining:

      1. Who shall be permitted to drive on state business.
      2. Identifying employees authorized to operate motor vehicles under the agency's control. Only those employees authorized by their agency head or designee shall be permitted to operate their personal vehicle or a state vehicle on state business.
      3. Policies shall outline the roles and responsibilities of managers, supervisors, and employees in driver safety. These policies shall be issued to all drivers and form the basis for the agency's Driver Safety Program.

      The Loss Prevention Unit

      Upon request, the Loss Prevention Unit shall assist agencies in organizing, directing, implementing, controlling and providing training for a Driver Safety Program that minimizes the adverse impact of motor vehicle accidents.

      Department/Agency: Heads, Driver Safety Coordinators, or Program Designees [2.1.2, 2.4.1]

      These individuals are responsible for implementation of the Driver Safety Program and shall stress the importance of the department's Driver Safety Program to all employees. Prior to authorizing state employees to drive, they are responsible for completing all of the following steps for employees that are authorized to drive:

      1. Verifying that each driver has a valid and properly classed driver's license.
      2. Obtaining/reviewing official driving records (ODR's) and ensuring that employees meet all program requirements to be authorized to drive.
      3. Certifying that each employee has completed an ORM recognized defensive driving course (e.g., LPOST, Loss Prevention instructor-led, National Safety Council, FLI, etc.) within 90 days of hire.
      4. Signing and dating, along with the employee, the Driving Authorization and History Form (DA 2054).

5. Notifying the appropriate supervisors which employees have been authorized to drive or not authorized to drive.
6. Maintaining a list of employees who have been authorized to drive or employees not authorized to drive at each audit location. (See appendix).
7. Ensure that policies and procedures are established and implemented; and
8. Training courses are conducted and documented.

The purpose of this appointment is to insure coordination between the Driver Safety Program and the Fleet Management Program.

Supervisors

Supervisors shall:

1. Provide time for each authorized employee to complete the ORM on-line Defensive Driving Course (LPOST), ORM instructor- led Defensive Driving Course, or another ORM recognized defensive driving course.
2. Allow only authorized employees to drive on state business.
3. See that all vehicles provided to these employees are in safe operating condition, including the use of a monthly checklist. [2.2.1.2]
4. Follow through that all deficiencies noted during the inspections are corrected and such actions documented. [2.2.1.2.1]
5. Ensure that all accidents and incidents are properly reported and said records are maintained.

Employees

1. Employees shall only operate those vehicles for which they are licensed and insured.
2. Employees who are authorized to drive state vehicles are responsible for the safe operation of those vehicles.
3. Drivers shall report any unsafe condition or accident involving state vehicles to their supervisor or designee.
4. Employees who drive their personal vehicle on state business shall be required to show proof of insurance annually.
5. Employees shall immediately report any revocation of their driver's license or any moving violations received to their supervisor, but no later than their next scheduled workday. Said reporting applies whether on state or personal/private business and whether in a state or personal/private vehicle.

B. Authorization Process: Prior to approval by their Agency Head or his/her designee, the employee shall complete the Authorization and Driving History form (DA 2054). The information on this form is used to acquire the Official Driving Record (ODR) from the Department of Public Safety. An ODR shall be obtained from the Department of Public Safety annually. The Authorization and Driving History Form and the ODR are then submitted to the Agency head or designee for review and compliance with requirements to be authorized to drive.

If an employee possesses an out-of-state license, the agency must either acquire a certified copy of the ODR from that state or require the employee to do so at his/her own expense. It is the agency's responsibility to designate which employees are authorized to drive or NOT authorized to drive on state business.

The authorization process shall include:

1. An annual review of the employee's motor vehicle driving record (ODR). [2.4.3]
2. Only individuals possessing a current and proper class driver's license shall be authorized by an agency to drive a motor vehicle on state business.
3. Verifying the employee can provide proof of liability insurance.
4. Completion and passing of an ORM recognized defensive driving course within 90 days of employment and a minimum of every three years thereafter. [2.3.2, 2.3.3]
5. Developing a list of employees authorized to drive or employees NOT authorized to drive. [2.4.1]
6. Determining when driving responsibility shall be taken away from an employee because of moving violations or revocation of license, or lack of insurance for their private vehicle.

After review of the ODR, the agency head or designee shall sign and date the Authorization and Driving History Form (DA 2054). [2.4.2]

High-risk drivers shall not be authorized to drive vehicles on state business from the date of discovery for a minimum of twelve (12) months. High-risk drivers are those individuals:

1. Having three or more convictions, guilty pleas, and/or nolo contendere pleas for moving violations within the previous twelve (12) month period or
2. Having a single conviction, guilty plea, or nolo contendere plea for operating a vehicle while intoxicated, hit and run driving, vehicular negligent injury, reckless operation of a vehicle, or similar violation within the previous twelve (12) month period.

If an employee is not authorized to drive, that employee and his/her supervisor shall be notified in writing that they shall not drive on state business. The immediate supervisor and the fleet control officer shall be notified that this employee shall not be given authority to drive on state business.

C. Preventive Maintenance - The agency shall develop a preventive maintenance procedure and a preventive maintenance schedule for each vehicle included in the program. It is recommended that the agency follow the suggested manufacturer's preventive maintenance (PM) on vehicles. [2.2.3]

D. Training – The Loss Prevention Unit shall, upon request, assist each agency in implementing documented driver safety training programs that address the needs of the agency and in identifying training aids and resources that can be used for driver safety. [2.3.1]

All authorized drivers shall successfully complete an ORM recognized defensive driving course within ninety (90) days of entering the program and shall complete a refresher course at least once every three years unless their class of license requires other additional training or testing. Drivers who have convictions on their motor vehicle records shall be required to retake a recognized driving course within ninety (90) days of notification of a conviction. [2.3.2, 2.3.3, 2.3.4]

E. Claims Reporting/Accident investigation – Upon request, the Loss Prevention Unit will assist agencies in conducting investigations into claims resulting from accidents involving vehicles used on state business. The Loss Prevention Unit also assists the ORM Claims Unit in investigating accidents resulting in a claim.

2. Accident Reporting [2.4.4]

A. A vehicular accident is defined as any incident in which the vehicle comes in contact with another vehicle, person, object, or animal that results in death, personal injury, or property damage, regardless of: who was injured, what was damaged or to what extent, where it occurred, or who was responsible.

1. All accidents shall be reported to the employee's immediate supervisor and Driver Safety Coordinator by the driver of the state vehicle on the day of the accident. If the driver is not able to complete the Louisiana State Driver's Accident Report Form (DA 2041), then the driver's supervisor will complete the report to the best of his/her ability for the employee. The supervisor may enter identifying information and attach the police report. The DA 2041 shall be completed within 48 hours after any vehicle accident while on state business and forwarded to the ORM Claims Unit. The DA 2041 form can be downloaded from: http://www.doa.la.gov/orm/formsCR.htm. (See appendix). [2.4.4.1, 2.4.4.1.1]

   (Note: When an accident occurs in an employee's personal vehicle while he/she is on state business then strike through "state vehicle" and write "personal vehicle" on the accident reporting form. In addition, in ALL cases the employee's liability insurer is the primary insurer of the accident. ORM's coverage is excess over any other collectible insurance).

   A copy of the Uniform Motor Vehicle Traffic Accident Report (police report) shall accompany the DA 2041 or should be sent to the ORM Claims Unit as soon as it is received by the agency. **Do <u>NOT</u> delay submission of the DA 2041 waiting on the police report.**

2. Failure of an authorized driver to report any vehicular accident may be cause for suspension of Driver Authorization.

3. The supervisor of the authorized driver involved in an accident shall review the accident report within two working days of the accident for completeness of information. Incomplete reports shall be returned for completion or corrected information. The supervisor may assist the individual in completing the report. All accidents require completion of the Vehicle Accident Report (DA 2041).

4. The supervisor (or safety coordinator, if appropriate) may consider what corrective action(s) may be necessary for accidents.

5. Agency heads, or the designee, will review the Accident Report Form, the Uniform Motor Vehicle Traffic Accident Report (police report – if one was completed), and the Authorization and Driving History Form (DA 2054).

3. Safety Audits and Record Keeping:

The Loss Prevention Unit shall, upon request, assist agencies in reviewing and analyzing the Driver Safety Program to ensure it is properly designed to have the intended impact. Data concerning the type, frequency, and amount of claims shall be provided to the agency. By providing this data, the Unit assists the agencies in identifying where losses are occurring and how the losses may be reduced or eliminated. Driver Safety Program records shall be maintained for three years at the agency location and/or a central location designated by the agency.

4. Fleet Management:

   Each agency that provides for the use of state vehicles by employees to conduct official business is expected to adhere to the requirements of the State's Fleet Management Program (Title 4, Part V, subchapter F; Title 34, Part XI of the Louisiana Administrative Code).

GLOSSARY

A. **Louisiana State Driver Safety Program Accident Report** (DA 2041): This form is completed for any vehicular accident that occurs while being operated on state business. It is critical that employees and supervisors understand their roles in reporting accidents and accurately describing what occurred in a vehicular accident.

B. **Agency Head**: The highest authority within a subsidiary of a department.

C. **Authorization and Driving History Form** (DA 2054): Record that is maintained by the agency on each employee who drives on state business. The form shows:

1. The employee's current personal information (Name, address, date of birth, license number, etc)
2. Employment information (employer, phone number, supervisor, etc.)
3. When an employee was authorized to drive
4. The date of his/her last Defensive Driving class
5. The type/class of driver's license the employee holds
6. Certification by the employee that he/she maintains liability insurance as required by state law
7. The signature of the Agency Head or designee authorizing the employee to drive

D. **Department Head**: The highest authority within the branches of State Government.

E. **Designee**: Individual(s) specifically designated by the department/agency head to act on their behalf.

F. **Driver Safety Coordinator**: Individual appointed by department/agency head to plan, organize, direct, and control the Driver Safety Program for the agency.

G. **Guilty Plea**: The admission of guilt from the defendant to each charge of the commission of a violation.

H. **High-Risk Driver**: Individuals having three of more convictions, guilty pleas and/or nolo contendere pleas for moving violations or individuals having a single conviction, guilty plea or nolo contendere plea for operating a vehicle while intoxicated, hit and run driving, vehicular negligent injury, reckless operation of a vehicle or similar violation, within the previous twelve (12) month period.

I. **Hit and Run**: The intentional failure of the driver of a vehicle involved in or causing any accident, to stop such vehicle at the scene of the accident, to give his identity, and to render reasonable aid.

J. **Moving Violation**: A moving violation occurs whenever a vehicle is in motion. Examples of moving violations include: speeding, running a stop sign or red light, driving without a license, making a left turn from the right hand lane.

K. **Negligent Injury**: The inflicting of any injury upon the person of a human being when caused proximately or caused directly by an offender engaged in the operation of, or in actual physical control of any motor vehicle, aircraft, watercraft, or other means of conveyance whenever any of the following conditions exists:

- The operator is under the influence of alcoholic beverages.
- The operator's blood alcohol concentration is 0.08 percent or more by weight based upon grams of alcohol per one hundred cubic centimeters of blood.
- The operator is under the influence of any controlled dangerous substance listed in Schedule I, II, III, IV, or V as set forth in R.S. 40:964.
- The operator is under the influence of a combination of alcohol and one or more drugs that are not controlled dangerous substances and which are legally obtainable with or without prescription.
- The operator is under the influence of one or more drugs that are not controlled dangerous substances and which are legally obtainable with or without a prescription and the influence is cause by the operator knowingly consuming quantities of the drug or drugs that substantially exceed the dosage prescribed by the physician or the dosage recommended by the manufacturer of the drug.

L. **Nolo Contendere**: "No contest" – has the same effect as a plea of guilty, as far as the sentence is concerned, but may not be considered as an admission of guilty for any other purpose.

M. **Official Driving Record** (ODR): Record maintained by the Office of Motor Vehicles on each driver in the State of Louisiana containing history of driver violations and accidents.

N. **Reckless Operation**: The operation of any motor vehicle, aircraft, vessel, or other means of conveyance in a criminally negligent or reckless manner.

O. **State Business**: Any legal and lawful activity conducted/engaged in, by an employee or agent of the State of Louisiana, on behalf of and benefiting the state in the course and scope of their duties.

P. **State Vehicle**: Any licensed vehicle owned, leased and/or rented by the State of Louisiana. [2.2.1]

Q. **Unauthorized ("NOT authorized") Driver**: A driver shall be considered "NOT" authorized if any of the following occur:

1. Meets the high-risk driver definition
2. Does not complete/pass the ORM-recognized driver course within the allowed time period,
3. He/she does not hold a valid driver's license
4. The ODR isn't cleared of all flags as noted in Item #5 of "How to review an ODR" (in Appendix)
5. The Authorization and Driving History Form (DA 2054) has not been completed and signed by both the employee and Agency Head/Designee annually.

R. **Vehicular Operation While Intoxicated**: A vehicle operator shall be considered under the influence when:

1. The operator is under the influence of alcoholic beverages; or
2. The operator's blood alcohol concentration is 0.08 percent or more by weight based on grams of alcohol per one hundred cubic centimeters of blood; or
3. The operator is under the influence of any controlled dangerous substance listed in Schedule I, II, III, IV, or V as set forth in R.S. 40:964; or
4. The operator is under the influence of a combination or alcohol and one or more drugs that are not controlled dangerous substances and which are legally obtained with or without a prescription.

S. **Vehicular Accident**: Any collision in which the vehicle comes in contact with another vehicle, person, object, or animal – which results in death, personal injury, or property damage (regardless of: who was injured, what was damaged or to what extent, where it occurred or who was responsible).

APPENDIX

Steps for Authorizing Drivers

Process for Reviewing an Official Driving Record (ODR)

Examples of:
Official Driving Records (ODR)
Driver's License Restriction Codes
Authorization and Driving History Form (DA 2054)
Louisiana State Driver's Accident Report Form (DA 2041)
Sample Vehicle Inspection Checklist

Authorizing Drivers

1. Employee shall complete and sign Authorization and Driving History Form (DA 2054).

    a. Complete ALL of the employee identification information at the top of the form. (Name, address, date of birth, License number, license expiration date, etc.)

    b. Complete ALL of the fields regarding employment.

    c. Enter the most recent date that the employee completed an ORM-recognized Defensive Driving class. Make sure this field is kept current.

    d. Indicate the type of Driver's License the employee holds. Verify that the employee's license is applicable to the type of vehicle he/she will be driving on state business.

    e. If the employee is using their personal vehicle on state business, then they shall complete the "use of private vehicle" section of the DA 2054 certifying that they carry liability insurance as required by state law.

2. Agency head or designee reviews the Official Driving Record that is requested and issued by the applicable State Office of Motor Vehicles to ensure the employee does not meet the high-risk driver definition (see ODR Review Instructions).

3. Verify the employee has passed an ORM recognized defensive driving course within ninety (90) days of entering the program and is repeated every three (3) years.

4. If the employee meets all of the above requirements, that employee may be authorized to drive on state business.

5. Only the Agency Head or his/her designee may review and authorize an employee to drive on state business. The authorization form shall be signed and dated by the Agency Head or his/her designee. The ODR shall be attached to the DA 2054.

6. A list indicating who is authorized to drive or not authorized to drive on state business shall be completed after all employee records have been reviewed and then released to the proper supervisor/fleet control manager. <u>This list shall be available for the Loss Prevention Officer's review upon request</u>. [4.3.1]

How to Review an ODR (Official Driving Record)

(See sample ODR form on p.13)

1. Verify the employee name, address and license number match the information on the Driving Authorization Form (DA2054).

2. Check the license expiration date.

3. Check the license class and any restrictions that may affect the employee's ability to drive.

4. Verify any violations that were received in the past twelve months and whether these violations meet the high-risk driver definition in your Agency's policy.

5. Make sure the following flags are not noted on the record above the violations section:

/NI = No Insurance
SUS = Suspended
REV = Revoked
AF = Affidavit outstanding
*PUL = Pull notice for license

Louisiana Department of Public Safety and Corrections
Office of Motor Vehicles
P.O. Box 64886
Baton Rouge, LA 70896

OFFICIAL CERTIFICATION OF DRIVING RECORD

Accident involvement indicated does NOT mean the individual was at fault or given a citation.

This document is for official agency use only.
This Official Online Driving record was issued: Date: / / Time:

DATE	BIRTH DATE	SEX	LICENSE NO	CLASS	EXP DATE	RESTRICITIONS
/ /		M	1	E	2	NO RESTRCITIONS 3

NAME/ADDRESS
1

ENDR: NONE

71409 DIS 3

PER STATUS: SUS /AF/NI/*PUL* EX 5

N/C

03-19-02 SPEED EXCESS OF POSTED MAXIMUM 02-04-01
ALEXANDRIA JUDICIAL
PRIVATE VEHICLE
4

NUMBER OF ACCD: 0 NUMBER OF CONVS: 1 NUMBER OF RECORDS: 1

0104

DRIVER LICENSE RESTRICTION CODES

(This partial list represents those codes listed on the back of a Class E license. For a complete list, please contact the Louisiana Department of Public Safety at: www.dps.state.la.us)

0, 00 NO RESTRICTION

01 CORRECTIVE LENS (Glasses/contacts).

02 OPERATING A VEHICLE ONLY WITH LICENSED DRIVER. In the case of applicants seventeen (17) years of age and above, this restriction will be issued to individuals needing more practical driving experience. An "02" restricted license may be renewed and it is permissible to include an "07" (motorcycle endorsement) with such a license. (See Section I, Policy/Procedure Statement #21.00).

In the case of applicants fifteen (15) or sixteen (16) years of age, this restriction shall be issued on all first time applications. A motorcycle endorsement may be placed on a learners permit for those 15 or 16 years of age, however, they are restricted to operating within a distance of three miles from the applicant's residence, unless a parent, tutor, or other person having custody is temporarily staying or residing at another location, where the applicant would be restricted to operating within three miles of that location. (See Section I, Policy/Procedure Statement #1 for various Class Requirements, and #6.1 for Driver Education Requirements).

03 USING LEFT OUTSIDE REARVIEW MIRROR. The restriction will be added to individuals who have impaired vision worse than 20/40 in either or both eyes. The "03" restriction does not mean that eyes cannot be improved.

04 EYES CANNOT BE IMPROVED. This is an information code designed to avoid the continued referral of an applicant whose vision cannot be improved.
Should not be added unless specified by the eye doctor.

05 AUTOMATIC TRANSMISSION. This will be added for applicants who have lost one or both legs, or have lost the use of one or both legs. If the applicant wears one or two artificial limbs, a driving test may be necessary to determine if he/she has adapted sufficiently for the safe operation of a motor vehicle without the necessity of the "05" restriction. In this case, restriction #40 (wearing artificial limb) would be required.

06 POWER STEERING. This is to be used when a physical handicap hinders the strength or movement of the applicant's arms. This would compensate for the loss of mobility of the arms to control the steering.

08 DAYTIME DRIVING ONLY. This restriction will apply when the applicant's visual acuity is not 20/70 or better in each eye or upon the recommendation of a vision specialist.

09 SPECIAL RESTRICTION. May be used for any restriction which is not covered with a specific restriction code, or when there are four (4) or more restrictions to be used. This special code should be suitable and appropriate to enable the applicant to operate a motor vehicle safely. Anytime this restriction is used, it must be completely explained to the applicant, whether it be for a new license issuance or a renewal. This restriction is hereby abolished. With new programming (6/01), computer will allow 6 endorsements. Also the use of the 60 restriction (Restriction Card) will be used if necessary.

43 SPECIFIC VISUAL FOR CDL. (Effective 12-01-90, must be used in conjunction with restriction #53). This restriction is to be used whenever CDL applicants can only achieve 20/40 (Snellen) visual acuity in one eye. EXAMPLE: Applicant is blind in one eye, but achieves 20/40 with or without corrective lenses in the good eye. Applicant must have been employed as a commercial vehicle driver continuously since March 31, 1990.

M MOTORCYCLE

Authorization and Driving History Form

Name: _____ Drivers License No: _____
Address: _____ License Office No.: _____
City: _____ Expiration Date: _____
Class License: _____ Date of Birth: _____
Issue Date: _____ Date of Hire (current job): _____
****

Employed By:_____
Section: _____ Unit: _____
Job Title: _____
Immediate Supervisor's Name: _____
Is it this employee's primary purpose to drive vehicles? _____
Is a current Official Driving Record attached? _____
Will this driver be authorized to operate his or her privately owned vehicle in the course and scope of employment? _____
Date of last Driver Training Course? Month_____ Day_____ Year_____
****

Class of License:	**Endorsements:**	**Restrictions:**
A: Combinations Vehicle : ( )	**T:** Double Trailer : ( )	**L:** Airbrakes : ( )
B: Heavy Straight Vehicle: ( )	**P:** Passenger Vehicle : ( )	**Others** : ( )
C: Light Vehicle : ( )	**N:** Tank Vehicle : ( )	
D: Commercial Vehicle : ( )	**H:** Hazardous Material : ( )	
E: Personal Vehicle : ( )	**X:** Combination **N+H** : ( )	

****

USE OF PRIVATE VEHICLE FOR STATE BUSINESS

This is to certify that as a condition of driving my personal vehicle on state business, I have and will maintain at least the minimum liability coverage as required by *LA. R.S. 32:900 (B) (2*). I also understand that the use of my vehicle on state business requires prior written authorization from my supervisor or agency head.

_____ _____
Employee Signature ***Date***

****

AGENCY HEAD OR DESIGNEE STATEMENT

I have reviewed this individual's genuine need to drive a State Vehicle. In conducting this review, I have considered his/her driving experience, type of vehicle to be operated, and one year driving record. The attached operator's record has been verified as accurate and dated as necessary. I authorize this individual to operate the vehicles approved by the type of license above. This authorization must be reviewed one year from this date.

_____ _____
Agency Head ***Date of Authorization***
(or designated individual)

07/12/2007
DA 2054

Office of Risk Management

VEHICLE CHECKLIST

Section_____ **Driver/Inspector**_____

Date_____ **LA License Plate**_____

Prior to departure, the driver should conduct a visual inspection by walking around the vehicle. The driver should note the conditions of the following:

ITEM	YES	NO
Tire Pressure (Low or flat?)		
Exterior Body (Dents or pronounced scratches?)		
Fluid Leaks (Unusual leaks under the automobile?)		
Windshield (Cracks?)		

Once the driver has started the vehicle, the following should be checked for proper functioning:

ITEM	YES	NO
Warning Lights (Do any indicator lights display and **remain on**?)		
Gauges (Are all gauges in the "safe" zone?)		
Windshield Wipers (Operational?)		

If any items are not okay, the driver should provide comments in the space provided.

Comments:

DA 2041
Rev. 12/98

ACCIDENT REPORT
LOUISIANA STATE DRIVER SAFETY PROGRAM

Submit report to ORM within 48 hours of accident

SUPERVISOR TO COMPLETE FIRST 4 ITEMS	1. Agency Name	2. Person to Contact	3. Phone [ ] -	4. Loc. Code
5. State Vehicle Driver's Name		6. Driver's Social Security No. - -	7. Date of Accident / /	8. Time of Accident ☐ AM ☐ PM

9. Exact Location of Accident (Use street markers, mileage markers, etc., to pinpoint location)

10. DESCRIBE HOW ACC. HAPPENED	
11.Seat Belt in Use ☐ Yes ☐ No	

STATE VEHICLE INFORMATION

If other then vehicle damage, fill in as much as possible under "Other Vehicle" section substituting property owner information for vehicle driver.

12. State Vehicle Driver's Address (Street No)	City	State	Zip Code	13. Home Phone [ ] -	14. Work Phone [ ] -

15. Driver's License No.	16. Age	17. Sex ☐ M ☐ F	18. Vehicle's Owner's Name and Address

19. Year Vehicle	20. Make Vehicle	21. Model Vehicle	22. Body Type	23. Vehicle Lic. No. / Equip No. / VIN

24A. Where can the Vehicle be Seen ?	24B. Describe Damage

OTHER VEHICLE INFORMATION

If more than one vehicle is involved, submit additional sheet with information on other vehicle(s).

25. Other Vehicle Driver's Name	26. Driver's Social Security No. - -	27. Driver's License No.	28. Age	29. Sex ☐ M ☐ F

30. Other Vehicle Driver's Address (Street No.)	City	State	Zip Code	31. Home Phone [ ] -	32. Work Phone [ ] -

33. Vehicle Owner's Name and Address (Street No.)	City	State	Zip Code

34. Year Vehicle	35. Make Vehicle	36. Model Vehicle	37. Body Type	38. Vehicle I.D. No. or Lic. No.	39. Where can the vehicle be seen ?

40. Other Vehicle Insurance Co.	41. Policy No.

42. Describe Damage	43.Estimated Amount $.

INJURED

44. Name and Address	45. Phone [ ] -	46. PED ☐	47. Ins. Veh. ☐	48. Other Veh. ☐	49. Police Investigated ? ☐ Yes ☐ No
44. Name and Address	45. Phone [ ] -	46. PED ☐	47. Ins. Veh. ☐	48. Other Veh. ☐	49. Type Report ☐ State ☐ Sheriff ☐ City
44. Name and Address	45. Phone [ ] -	46. PED ☐	47. Ins. Veh. ☐	48. Other Veh. ☐	49. Report No. (Item No.)

WITNESSES OR PASSENGERS

50. Name and Address	51. ☐ Witness ☐ Passenger	52. Phone [ ] -	53. PED ☐	53. Ins. Veh. ☐	53. Other Veh. ☐	53. (Specify)
50. Name and Address	51. ☐ Witness ☐ Passenger	52. Phone [ ] -	53. PED ☐	53. Ins. Veh. ☐	53. Other Veh. ☐	53. (Specify)

54. State Driver's Signature	55. Name of Driver's immediate Supervisor and Phone No. [ ] -