

DRIVER SAFETY & VEHICLE MANAGEMENT

DSS Policy 1-15/State Vehicle & Driver Program

- DSS Vehicle & Driver Procedures
- OFS Chapter 14, Section C – Driver Safety
 - Fleet forms
- Rules and Regulations for Fleet
 - www.doa.louisiana.gov/lpaa/index.htm
 - Click on Compliance & Audit

DRIVER SAFETY

- ❑ In accordance with DSS 1-15 & OFS Chapter 14 C-100, all OFS employees who possess a current, valid driver's license must be designated as drivers and must carry minimum liability insurance on their personal vehicle in order to operate a state vehicle or their personal vehicle on state business.
- ❑ Only employees with a current, valid driver's license, approved DA2054 and certification of completed defensive driving course may operate state vehicles or their personal vehicle on state business.
- ❑ One person in each Regional Office, SES District Office, SES State Office, DDS State Office and Business Services Section is responsible for requesting the official driving records (ODRs) for their areas of responsibility via email to OMV.
 - Refer to Chapter 14 for instructions and forms.

DRIVER SAFETY

- One person in each Regional Office, SES District Office, SES State Office, DDS State Office and Business Services Section is responsible for input of driver information into the Administrative Services System (DSS Driver Database).
 - Refer to Chapter 14 for instructions.
- Employees with flags on their driving record are not allowed to operate state vehicles or their personal vehicle on state business.
- Employees shall immediately report the revocation of their driver's license, cessation of liability insurance and/or receipt of any moving violation 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.**
 - Failure to do so may result in disciplinary action.

DRIVER SAFETY

- ❑ Employees and all passengers must wear a seat belt when a state vehicle is in operation.
- ❑ Smoking is not allowed in state vehicles.
- ❑ Employee is responsible for paying all parking fines, citations and towing fees associated with misuse of state vehicle operation.
- ❑ State vehicle must be kept locked when not in use.

SAMPLE DA2054

Authorization and Driving History Form

Name: IMA DRIVER Drivers License No: 00012345
Address: 9999 MILLERVILLE License Office No.: 033
City: BATON ROUGE Expiration Date: 11/11/2009
Class License: E Date of Birth: 11/11/1979
Issue Date: 11/10/2005 Date of Hire (current job): 2000

Employed By: DSS/OFS
Section: BR SES Unit: _____
Job Title: SS ANALYST II

Immediate Supervisor's Name: MIA SUPERVISOR

Is it this employee's primary purpose to drive vehicles? YES

Is a current Official Driving Record attached? YES

Will this driver be authorized to operate his or her privately owned vehicle in the course and scope of employment? YES

Date of last Driver Training Course? Month 01 Day 23 Year 2009

Class of License: _____ Endorsements: _____ Restrictions: _____

A: Combinations Vehicle : () T: Double Trailer : () L: Airbrakes : ()
B: Heavy Straight Vehicle: () P: Passenger Vehicle : () Others : (01)
C: Light Vehicle : () N: Tank Vehicle : ()
D: Commercial Vehicle : () H: Hazardous Material : ()
E: Personal Vehicle : (X) 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 03/01/2009
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
(or designated individual)

Date of Authorization

DRIVER SAFETY

- The Office of Risk Management will reimburse employees up to \$1000 per collision loss on their deductible when their personal vehicle is involved in a collision while on state business.
 - If the cost to repair is less than \$1000, the policy will pay up to the cost of the repair.
 - Coverage is provided only in the event of collision with another object or overturns. Glass breakage is not covered unless it occurred during collision.
 - If the state employee is not at fault, and the negligent party's insurance pays for the loss/damage, ORM will not provide reimbursement.
 - Form DA2041 must be completed and submitted to the OFS Business Services Manager within 24 hours of the accident. Do not wait for a copy of police report. Write 'PERSONAL VEHICLE' on top of DA2041 (see slide #33 for sample).

OPERATOR'S MANUAL

(DSS Policy 1-15)

- Drivers of state vehicles must properly log each trip on the Daily Vehicle Log form MV3. Each trip must include the date, the ending odometer reading, the trip mileage, the beginning and ending points of the trip, the purpose of the trip, and the driver's initials.
- Fuel cost, maintenance and repair cost, other costs which are incurred, and down days, must be recorded in the appropriate places on the form.

Form MV3

All entries must be handwritten in ink. Typed reports must be accompanied by handwritten reports, containing correct information.

□ BEGINNING MILEAGE

- Enter beginning odometer reading at the beginning of the 1st day of the month being reported.
 - Entry should correspond exactly to the final reading from the previous month.
 - Drop the tenths of a mile.

□ DATE

- Enter the date for each separate trip.

□ TRIP ENDING READING

- Check the previous ending reading to make sure it is the correct odometer reading as your trip begins. Enter the ending odometer reading upon completion of trip.
 - Do not enter reading until the final stop on a contiguous trip.
 - Drop the tenths of a mile.

Form MV3

▣ TRIP MILEAGE

- At the end of the trip, subtract the ending mileage from the previous trip's ending mileage.
 - The driver must complete the trip mileage, in their own handwriting, at the end of each trip.
 - Provide a calculator or scratch paper to avoid subtraction errors.

Form MV3

□ FUEL

- State issued fuel card must be used for all fuel purchases.
- If state issued fuel card is not accepted or does not work, use a self-service pump for personal credit card or cash purchase. Justification must be written on the back of the MV3 and a clear copy of the receipt must be attached.
 - Contact your supervisor for reimbursement procedures.
- If the employee misplaces or does not receive a receipt, an explanation of the loss must be written on the back of the MV3, in the employee's handwriting. Driver should initial the fuel card transaction listing to verify purchase.

Form MV3

▣ GALLONS OF FUEL

- If fuel is purchased, enter the number of gallons of fuel purchased.

▣ FUEL COST

- Enter the actual fuel cost in dollars & cents from the gasoline receipt.
- A clear copy of all gasoline receipts and fuel card statements/transaction listings must be attached to the MV3.

Form MV3

■ MAINTENANCE & REPAIR

- LaCarte card must not be used for maintenance, repairs, or fuel.
- All vehicle repairs involving batteries, tires, windshields and transmissions (non-warranty) must be obtained through use of state contract.

■ MAINTENANCE & REPAIR COST

- Enter the cost of maintenance and repair on the front of the MV3.
- Enter details about maintenance and repair on the back of the MV3.
- A clear copy of all invoices and fuel card statements must be attached to the MV3.

Form MV3

▣ OTHER COSTS

- Enter the amount of other costs on the front of the MV3.
- Enter details about other costs on the back, such as car wash, inspection, etc.
- A clear copy of all invoices and fuel card statements must be attached to the MV3.

Form MV3

▣ DOWN DAYS

- Enter the number of full days that the vehicle was out of service due to breakdowns.

▣ DRIVER'S INITIALS

- The driver must initial each trip, in an identifiable fashion.

▣ BEGINNING LOCATION

- Enter the beginning location for each trip, in an identifiable fashion.

Form MV3

▣ LOCATIONS VISITED

- Enter each location visited and the purpose for each visit, in an identifiable fashion.
 - You may abbreviate purpose, beginning and ending location.
 - Be consistent and use common abbreviations.
 - “Meeting, training, administration, clerical, client, home visit” is acceptable.
 - If you purchase gas while on a trip, you do not have to put “gas station/gas”.
 - If you leave the office to just purchase gas, you need to list location and purpose.

Form MV3

▣ LOCATIONS VISITED

- For home visits & process service, list all cities visited.
 - Include # of clients seen/served. If unsuccessful, list the # of clients you attempted to see/serve
 - Do not include client name or home address.
- Examples:
 - SES-BR, Port Allen, Brusly & return (5 clients)
 - SES-Orleans courthouse (court) & return
 - OFS-PO (mail), Jiffy Lube (oil change)–OFS
 - Plaq OFS-NO Region & return (mtg.)
 - Office-BR Iberville Bldg-Office (training)
 - OFS-St. James OFS & return (Admin/SSA/clerical, etc.)

Form MV3

■ **TRAVEL AWAY FROM DOMICILE** **(DSS 1-15, Vehicle & Driver Procedures, V.A.)**

- If a state employee uses a State vehicle away from his domicile:
 - The vehicle may be used prudently to obtain meals & other necessary services if in the field between site visits or attending official State business meetings.
 - The vehicle shall not be used for entertainment or personal purposes, within or outside the official domicile.
 - Any misuse shall result in a suspension of the privilege and may result in disciplinary action being taken.
 - The DSS Transportation Coordinator & OFS Vehicle Officer shall be notified in writing of any such incidents, as well as their disposition.
 - “Lunch” or the restaurant name should not be entered on the MV3.

Form MV3

▣ ENDING LOCATION

- Write the ending location of each trip, in an identifiable fashion.
- The beginning location, points visited, purpose, and ending location may require more than a single line to enter. Use as many lines as needed to complete this information.
- All entries must be made in the driver's handwriting.
- Corrections may not be made by supervisor, clerical staff, or transportation coordinator.
- Incomplete reports will be returned for corrections.

Form MV3

▣ FINAL READING

- Enter the odometer reading at the end of the last day of the month being reported. Drop the tenths of a mile.
- The final odometer reading minus the beginning odometer reading should equal the total trip mileage.
- Add up all of the trip mileages to check the total.

Form MV3

■ MONTHLY TOTALS

- Enter all column totals.
 - Trip mileage.
 - # of gallons of fuel.
 - Fuel cost in dollars and cents – from receipt.
 - Maintenance and repair costs in dollars and cents.
 - Other costs in dollars and cents.
 - Number of down days.
 - Total dollar amount of all expenses for the month.

- In order to avoid addition errors, the column totals should be completed by the transportation coordinator at the end of the month.

Form MV3

■ REMEMBER

- By initialing each trip, the driver is certifying that the entries on the MV3 are correct.
- By signing the report, the organization manager or designated supervisor is certifying that “the above record reflects an accurate accounting of the use of this state-owned vehicle, as attested to by the operator’s initials by each entry.”

Form MV3

■ SIGNATURES

- Assigned driver (if applicable)
 - If vehicle is personally assigned to one driver, the original signature of that driver must appear.
 - If vehicle is a “pool” vehicle, the name of the person preparing the report must be entered, followed by (pool).
- Supervisor
 - Each page of the MV3 report must contain the original signature of the organization manager or designated supervisor – it cannot be the transportation coordinator.

Form MV3

- The organization manager must appoint a transportation coordinator to review the MV3 for accuracy and backup documentation before submitting to Regional Office/State Office.
 - Refer to slide #26 for a sample MV3 checklist.
 - Do not submit checklist with MV3.
- Staple all backup documentation together, with the MV3 report on top.
- If an office has more than one vehicle, do not staple all reports together.

Form MV3

DA 5211
(DA MV 3)
Rev. 08/08

DAILY VEHICLE LOG

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION

Property Tag Number: 435-00-123456			Serial Number: 1A2BC34DS678910			License Plate: 234567		Month: 01		Year: 09	
Make: DODGE			Model: CARAVAN			Model Year: 07		DO NOT INCLUDE INSURANCE COSTS			
Beginning Odometer: 18291			Gallons of Fuel	Fuel Cost	Maint. & Repair Costs (Detail on Reverse Side)	Other Costs (detail on Reverse Side)	Down Days	Driver Initials	Location where trips began; all points visited (unless did not leave state properly grounded); where trip ended; purpose of trip (meeting, site visit, etc.)		
Date	Trip Ending Reading	Trip Mileage									
1/15	18411	120	14.71	26.48				id	BR SES - Amite SES & return (meeting)		
1/16	18450	39						id	BR SES - Port Allen, Brusley & return (3 clients)		
1/17	18460	10			69.95			mr	BR SES - Stimpson's (maint) & return		
1/20	18540	80						mr	BR SES - N.O. Hilton (Superv. conf.)		
1/21	18548	8						mr	N.O. Hilton - Orleans DA (mtg) & return to Hilton (superv. conf.)		
1/22	18629	81	15.00	27.00		5.00		mr	N.O. Hilton - BR SES (superv. conf.)		
1/26	18641	12						id	BR SES to Claiborne Bldg & return (training)		
1/29	18666	25						id	BR SES to office Depot (supplies) P.O. (mail) S.O. SES (drop mail) & return to BR SES		
Final Reading: 18666											
MONTHLY TOTALS			375	29.71	\$53.48	69.95	5.00		TOTAL EXPENSES FOR MONTH		128.43

THE ABOVE RECORD HEREIN IS AN ACCURATE ACCOUNTING OF THE USE OF THIS STATE-OWNED VEHICLE, AS ATTESTED TO BY THE OPERATOR'S INITIALS BY EACH ENTRY (DO NOT CARRY OVER FOR PERSONALLY ASSIGNED VEHICLES). THE DRIVER'S SIGNATURE, THE LAST PERSON SIGNING IT, IS REPORT ON THE TRANSPORTATION OFFICER'S ALL SUBMIT THIS REPORT TO HIS/SUPervisor BY THE THIRD WORKING DAY OF EACH MONTH, WHO SHALL REVIEW, SIGN THE BOX (RIGHT) IF APPROVED, AND FORWARD TO THE AGENCY TRANSPORTATION COORDINATOR WITHIN THREE ADDITIONAL DAYS.

SIGNATURE OF ASSIGNED DRIVER (IF APPLICABLE):

AUTHORIZED SUPERVISOR:

FILE: SEDM

SEE REVERSE SIDE

Form MV3 (page 2)

SERVICE REPORT						
DATE	VENDOR	ODOMETER READING	NATURE OF REPAIR/REPLACEMENT SERVICE (include oil, filter changes, greasing, tire, battery replacement)	COSTS		TOTAL COST
				PARTS	LABOR	
1/13/09	Simpson's	18463	Oil change, air filter, rotate tires, inspection sticker			69.95
OTHER COSTS			SAFETY INSPECTION			
DATE	TYPE OF TRANSACTION	AMOUNT	<ul style="list-style-type: none"> • CHECK FLUID LEVELS BEFORE LONG TRIPS • TURN SIGNALS, BRAKE LIGHTS AND BRAKES • HEADLIGHTS (FOR NIGHT TRAVEL) • GAUGES FOR FUEL AND ENGINE STATUS • TIRE INFLATION AND CONDITION • WIPER OPERATION (FOR WET WEATHER TRAVEL) • LOOSE ITEMS WHICH MAY BECOME POTENTIAL PROJECTILES BEHIND DRIVER • HOUSEKEEPING, ESPECIALLY IN DRIVER'S FOOT AREA 			
1/22/09	Car wash	5.00				
TOTAL OTHER COSTS:		\$5.00				
COMMENTS: (General condition of vehicle, maintenance needs. Report safety concerns to supervisor or responsible person)						

Form MV3

Checklist

MV3 CHECKLIST

MONTH: _____

LICENSE #: _____

	COMMENTS (PLACE CHECKMARK, CORRECTIVE ACTION NEEDED, ETC.)
TOP PORTION COMPLETE	
BEGINNING ODOMETER	
DATES	
TRIP ENDING ODOMETER	
TRIP MILEAGE	
FUEL GALLONS/COST	
MAINTENANCE	
OTHER COSTS	
REVERSE SIDE COMPLETE	
BEGINNING LOCATION	
LOCATIONS VISITED	
ENDING LOCATION	
PURPOSE OF TRIP	
DRIVERS INITIALS	
COLUMN TOTALS	
SIGNATURE OF PREPARER	
SUPERVISOR APPROVAL	
DOWN DAYS	
GASOLINE RECEIPTS	
MAINT/REPAIR RECEIPTS	
FUEL CARD STATEMENT	
MV4 - PREV. MAINT. RECORD	
DA424 - CHECKLIST	
SM11 - TEMP SIGN OUT	
SM12 - VEH OUT FOR REPAIR	

HOME STORAGE

- Yearly Home Storage must be approved by LPAA via DA5210.
 - DSS/OFS does not currently allow yearly home storage.
- Occasional Home Storage can be approved by the agency.
- State Vehicles may be temporarily (not to exceed one week) stored overnight at an employee's residence when:
 - The state employee will be departing or returning from an official trip away from the employee's official domicile either well before or well after normal working hours.
 - The state employee's residence is between the employee's official domicile or the vehicle storage site and the place where the employee is to commence work the next day.

HOME STORAGE

- Requests for temporary home storage must be submitted to the OFS Business Services Manager, by the Organization Manager, for prior approval by email.
- The request must include the driver's name, vehicle license plate number, reason for temporary home storage and date(s) of home storage.
- Approval will be given via return email and must be attached to the MV3.

Form MV4

▣ PREVENTIVE MAINTENANCE

- Each Organization Manager must designate one person to ensure preventive maintenance guidelines are followed. This person will be held accountable for compliance (DSS 1-15, Vehicle and Driver Procedures, X.B.)
- Preventive maintenance must be performed in accordance with the vehicle manufacturer's guidelines or at least every 6 months or 6000 miles (whichever comes first) and documented on the MV4.
- MV4 must be completed at every oil change. The air filter must be checked at every oil change and noted on the MV4 if it was checked and not replaced.

Form MV4

DA 5212
(DA MV-4)
6-94

PREVENTIVE MAINTENANCE RECORD

STATE OF LOUISIANA
DIVISION OF ADMINISTRATION

Department/Office <i>BB SES</i>	Vehicle Serial Number <i>1A28C34D5678910</i>	La. License Plate <i>234567</i>	Odometer Reading <i>18463</i>	Date <i>01/13/09</i>
Garage Name <i>Simpson's</i>		Garage Address <i>1234 Florida Blvd. Baton Rouge</i>		

Maintenance Items. Perform by visual checks and inspections all needed maintenance as indicated (check or initial block)	Minimal Intervals in Thousands of Miles or Months*															
	8	12	18	24	30	36	42	48	54	60	66	72	78	84	90	96
Change engine oil & filter			✓													
Visually check hoses & belts			✓													
Check clutch pedal freeplay (Manual Transmission)																
Check tires for unusual treadwear			✓													
Check fluid levels			✓													
Coolant			✓													
Battery Water			✓													
Brake master cylinder			✓													
Transmission			✓													
Power steering			✓													
Differential/transaxle			✓													
Clean battery posts & clamps			✓													
Rotate tires			✓													
Check CV Boots			✓													
Tune engine (replace plugs/fuel filter, adjust carb., check time)																
Check PCV valve																
Lubricate all fittings, door/hood/trunk hinges & latches																
Replace air filter			✓													
Check exhaust system																
Remove all wheels & inspect brakes																
Repack wheel bearings																
Change automatic transmission fluid & filter																

*Whichever is less, or according to department plan approved by DOA

Comments/Recommended Repairs or Adjustments Not Covered By This PM:

AIR FILTER CHECKED & DID NOT NEED TO BE CHANGED.

I certify that the above prescribed maintenance has been performed:

BF Goodwrench
Mechanic's Signature

Mia Supervisor
Driver's Signature

Form DA424

▣ VEHICLE CHECKLIST

- The vehicle checklist must be completed on the first or last day of the month being reported.
 - Complete the checklist at the same time every month.
- All items requiring corrective action must be repaired in a timely manner in order to prevent further damage or accidents.
 - Date of corrective action must be noted on the following month's DA424 and attached to the MV3.

Form DA424

OK		
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	LIGHTS
<input type="checkbox"/>	<input type="checkbox"/>	Headlamps
<input type="checkbox"/>	<input type="checkbox"/>	Directional
<input type="checkbox"/>	<input type="checkbox"/>	Brakes
<input type="checkbox"/>	<input type="checkbox"/>	Courtesy
<input type="checkbox"/>	<input type="checkbox"/>	Back-up
<input type="checkbox"/>	<input type="checkbox"/>	Parking
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HORN
<input type="checkbox"/>	<input type="checkbox"/>	RADIO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	AIR CONDITIONER
<input type="checkbox"/>	<input type="checkbox"/>	HEATER
<input type="checkbox"/>	<input type="checkbox"/>	MIRRORS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WINDSHIELD
<input type="checkbox"/>	<input type="checkbox"/>	WINDOWS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	TIRES
<input type="checkbox"/>	<input type="checkbox"/>	Air pressure
<input type="checkbox"/>	<input type="checkbox"/>	Tread wear

DA 424
4-84

VEHICLE CHECKLIST

OK		
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRUNK
<input type="checkbox"/>	<input type="checkbox"/>	Lock Operation
<input type="checkbox"/>	<input type="checkbox"/>	Spare tire
<input type="checkbox"/>	<input type="checkbox"/>	Jack
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HOOD
<input type="checkbox"/>	<input type="checkbox"/>	Latch
<input type="checkbox"/>	<input type="checkbox"/>	Safety latch
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WINDSHIELD WIPER
<input type="checkbox"/>	<input type="checkbox"/>	Blades
<input type="checkbox"/>	<input type="checkbox"/>	Operation
<input type="checkbox"/>	<input type="checkbox"/>	Reservoir
<input checked="" type="checkbox"/>	<input type="checkbox"/>	OIL (SAFE ZONE)
<input type="checkbox"/>	<input type="checkbox"/>	GASOLINE (Over Half-Full)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	FLUID
<input type="checkbox"/>	<input type="checkbox"/>	Power Steering
<input type="checkbox"/>	<input type="checkbox"/>	Transmission
<input type="checkbox"/>	<input type="checkbox"/>	Brake
<input checked="" type="checkbox"/>	<input type="checkbox"/>	AIR FILTER

OK		
Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BATTERY
<input type="checkbox"/>	<input type="checkbox"/>	Water
<input type="checkbox"/>	<input type="checkbox"/>	Cables/Posts/Clamps
<input checked="" type="checkbox"/>	<input type="checkbox"/>	RADIATOR
<input type="checkbox"/>	<input type="checkbox"/>	Coolant level
<input type="checkbox"/>	<input type="checkbox"/>	Reservoir
<input type="checkbox"/>	<input type="checkbox"/>	Cap gasket
<input checked="" type="checkbox"/>	<input type="checkbox"/>	INSPECTION STICKER
<input type="checkbox"/>	<input type="checkbox"/>	Interior Clean (Incl. Ashtray)
<input type="checkbox"/>	<input type="checkbox"/>	Exterior Clean
<input checked="" type="checkbox"/>	<input type="checkbox"/>	BELTS
<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioner
<input type="checkbox"/>	<input type="checkbox"/>	Power Steering
<input type="checkbox"/>	<input type="checkbox"/>	Alternator
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MUFFLER

REMARKS (Continue on back if needed)		
DATE	INITIALS	LOUISIANA LICENSE PLATE NO.

Form DA2041

▣ ACCIDENTS IN STATE VEHICLES

- Call the police first, and then your supervisor.
- Do not talk to anyone, except police, about how the accident happened.
- Do not admit fault or make statements about payment of damages.
- Get names of witnesses, including phone numbers.
- Complete the DA2041 prior to leaving the accident scene.
- Obtain vehicle information (including license plate number) from the other driver or police. Do not wait for the police report.
- Take note of number of passengers in the other vehicle and names, if possible.
- Give completed report to supervisor for signature and submittal to OFS Business Services Manager within 24 hours. Form must be submitted to ORM within 48 hours of accident.
- If there is an injury to a person other than the State employee, or if there is property damage, call ORM Claims Division immediately.

Form DA2041- State Vehicle

DA 2041
Rev. 12/98

ACCIDENT REPORT LOUISIANA STATE DRIVER SAFETY PROGRAM

Submit report to GRM
within 48 hours of accident

SUPERVISOR TO COMPLETE FIRST 4 ITEMS	1. Agency Name OFFICE OF FAMILY SUPPORT - BR SES	2. Person to Contact MIA SUPERVISOR	3. Phone [225] 123-4567	4. Loc. Code 1860
5. State Vehicle Driver's Name IMA DRIVER	6. Driver's Personnel No. 00012345	7. Date of Accident 01/05/2009	8. Time of Accident 10:00a <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	

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

INTERSECTION OF MAIN STREET AND 7TH STREET

10. DESCRIBE HOW ACC. HAPPENED	STATE DRIVER WAS COMPLETELY STOPPED IN THE RIGHT LANE ON MAIN STREET HEADING EASTBOUND. THE OTHER VEHICLE WAS UNABLE TO STOP AND STRUCK THE REAR OF THE STATE VEHICLE.
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11. Seat Belt in Use
☒ Yes ☐ No

STATE VEHICLE INFORMATION

If other than 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.) 627 N. 4 TH STREET	City BATON ROUGE	State LA	Zip Code 70802	13. Home Phone [225] 098-7654	14. Work Phone [225] 123-6789
15. Driver's License No. 123465	16. Age 29	17. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	18. Vehicle's Owner's Name and Address DSS/OFFICE OF FAMILY SUPPORT 627 N. 4 TH ST; B.R. LA. 70802		
19. Year Vehicle 1998	20. Make Vehicle DODGE	21. Model Vehicle CARAVAN	22. Body Type VAN	23. Vehicle Lic. No. / Equip No. / VIN PP123456, 435-00-456789, 1A2BC3D45678910	
24A. Where can the Vehicle be Seen? 627 N. 4 TH STREET; BATON ROUGE, LA			24B. Describe Damage COMPLETE REAR END - NOT DRIVEABLE		

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 JOE DOE	26. Driver's Social Security No. 098-765-4321	27. Driver's License No. 456789	28. Age 30	29. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
30. Other Vehicle Driver's Address (Street No.) 1313 MOCKINGBIRD LANE	City BATON ROUGE	State LA	Zip Code 70813	31. Home Phone [225] 999-0000	32. Work Phone [225] 012-3456
33. Vehicle Owner's Name and Address (Street No.) SAME AS ABOVE	City SAME	State SAME	Zip Code SAME		
34. Year Vehicle 2004	35. Make Vehicle FORD	36. Model Vehicle EXPLORER	37. Body Type 4 DOOR	38. Vehicle I.D. No. or Lic. No. 4F5E67F8G91234	39. Where can the vehicle be seen? RESIDENCE
40. Other Vehicle Insurance Co. XYZ INSURANCE COMPANY					41. Policy No. A12345
42. Describe Damage COMPLETE FRONT END - NOT DRIVEABLE					43. Estimated Amount \$ 7.

INJURED

44. Name and Address JOE DOE SAME AS ABOVE	45. Phone [SAME]	46. PED <input type="checkbox"/>	47. Ins. Veh. <input type="checkbox"/>	48. Other Veh. <input checked="" type="checkbox"/>	49. Police Investigated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
44. Name and Address	45. Phone []	46. PED <input type="checkbox"/>	47. Ins. Veh. <input type="checkbox"/>	48. Other Veh. <input type="checkbox"/>	49. Type Report <input type="checkbox"/> State <input checked="" type="checkbox"/> Sheriff <input type="checkbox"/> City
44. Name and Address	45. Phone []	46. PED <input type="checkbox"/>	47. Ins. Veh. <input type="checkbox"/>	48. Other Veh. <input type="checkbox"/>	49. Report No. (Item No.) BR1234

WITNESSES OR PASSENGERS

50. Name and Address I.C. WHOOHBIT 100 7 TH ST.; B.R.	51. <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Passenger	52. Phone [225] 999-5555	53. PED <input checked="" type="checkbox"/>	54. Ins. Veh. <input type="checkbox"/>	55. Other Veh. <input type="checkbox"/>	56. (Specify)
50. Name and Address MERRY WORKER 9001 AIRLINE HWY; B.R.	51. <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Passenger	52. Phone [225] 342-9876	53. PED <input type="checkbox"/>	54. Ins. Veh. <input type="checkbox"/>	55. Other Veh. <input type="checkbox"/>	56. (Specify)
54. State Driver's Signature MIA SUPERVISOR			55. Name of Driver's Immediate Supervisor and Phone No. [225] 123-4567			

Form DA2041 – Personal Vehicle

FORM DA2041

ACCIDENT REPORT LOUISIANA STATE DRIVER SAFETY PROGRAM

Submit report to GRM
within 48 hours of accident

SUPERVISOR TO COMPLETE FIRST 4 ITEMS		1. Agency Name OFFICE OF FAMILY SUPPORT - BR SES	2. Person to Contact MIA SUPERVISOR	3. Phone [225] 123-4567	4. Loc. Code 1860
5. State Vehicle Driver's Name IMA DRIVER			6. Driver's Personal No. 00012345	7. Date of Accident 01/20/2009	8. Time of Accident 2:00p <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

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

INTERSECTION OF NORTH STREET AND NORTH 4TH STREET; BATON ROUGE

10. DESCRIBE HOW ACC. HAPPENED	I WAS HEADING WESTBOUND ON NORTH STREET TO ATTENDING TRAINING. NOT FAMILIAR WITH DOWNTOWN AREA. DIDN'T SEE STOP SIGN. STRUCK RIGHT REAR FENDER OF VEHICLE AS IT WAS TURNING LEFT FROM NORTH 4 TH STREET.
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11. Seat Belt in Use
☒ Yes ☐ No

STATE VEHICLE INFORMATION

If other than 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.) 9999 MILLERVILLE		City BATON ROUGE	State LA	Zip Code 70816	13. Home Phone [225] 098-7654	14. Work Phone [225] 123-6789
15. Driver's License No. 123465	16. Age 29	17. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	18. Vehicle's Owner's Name and Address IMA DRIVER 9999 MILLERVILLE; BATON ROUGE, LA 70816			
19. Year Vehicle 1992	20. Make Vehicle SATURN	21. Model Vehicle SL-1	22. Body Type 4 DR SEDAN	23. Vehicle Lic. No. / Equip No. / VIN ABC123 / 9Z8YX7W65432109		

24A. Where can the Vehicle be Seen ?

RESIDENCE

24B. Describe Damage

BROKEN LEFT HEADLIGHT, MINOR FRONT BUMPER DAMAGE - DRIVEABLE

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 JOHN Q. PUBLIC		26. Driver's Social Security No. 123-45-6789		27. Driver's License No. 987654	28. Age 49	29. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
30. Other Vehicle Driver's Address (Street No.) 8888 PERKINS ROAD		City BATON ROUGE	State LA	Zip Code 70807	31. Home Phone [225] 999-9999	32. Work Phone [225] 888-8888
33. Vehicle Owner's Name and Address (Street No.) SAME		City SAME	State SAME	Zip Code SAME		
34. Year Vehicle 2000	35. Make Vehicle FORD	36. Model Vehicle FUSION	37. Body Type 4 DOOR	38. Vehicle I.D. No. or Lic. No. 1A2BC3D12345678	39. Where can the vehicle be seen ? RESIDENCE	

40. Other Vehicle Insurance Co.

A-1 INSURANCE COMPANY

41. Policy No.

B234567

42. Describe Damage

BROKEN RIGHT TAIL LIGHT, MINOR REAR DAMAGE - DRIVEABLE

43. Estimated Amount

\$?.

INJURED

44. Name and Address	45. Phone [] - []	46. PED <input type="checkbox"/>	47. Ins. Veh. <input type="checkbox"/>	48. Other Veh. <input type="checkbox"/>	49. Police Investigated ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
44. Name and Address	45. Phone [] - []	46. PED <input type="checkbox"/>	47. Ins. Veh. <input type="checkbox"/>	48. Other Veh. <input type="checkbox"/>	49. Type Report <input type="checkbox"/> Sheriff <input checked="" type="checkbox"/> State
44. Name and Address	45. Phone [] - []	46. PED <input type="checkbox"/>	47. Ins. Veh. <input type="checkbox"/>	48. Other Veh. <input type="checkbox"/>	49. Report No. (Item No.) BR4567

WITNESSES OR PASSENGERS

50. Name and Address	51. <input type="checkbox"/> Witness <input type="checkbox"/> Passenger	52. Phone [] - []	53. PED <input type="checkbox"/>	54. Ins. Veh. <input type="checkbox"/>	55. Other Veh. <input type="checkbox"/>	56. (Specify)
50. Name and Address	51. <input type="checkbox"/> Witness <input type="checkbox"/> Passenger	52. Phone [] - []	53. PED <input type="checkbox"/>	54. Ins. Veh. <input type="checkbox"/>	55. Other Veh. <input type="checkbox"/>	56. (Specify)
54. State Driver's Signature		55. Name of Driver's Immediate Supervisor and Phone No. MIA SUPERVISOR [225] 123-4567				

FORMS TO KEEP IN VEHICLE

- ❑ MV-3 – Daily Vehicle Log
- ❑ DA-2041 – Accident Report
- ❑ DA-424 – Vehicle Checklist
- ❑ A copy of the proof of insurance letter from DOA
- ❑ A copy of the vehicle registration
- ❑ Louisiana State Fleet Management Operator's Manual
- ❑ DSS 1-15, Vehicle & Driver Procedures, Part VIII.A: Accidents in a state vehicle, Employees responsibilities
- ❑ Towing Instructions

- ❑ State issued fuel card (optional to keep in vehicle)
 - PIN/Driver ID numbers should never be kept in the vehicle or with the FUELTRAC card.
 - Drivers MUST NOT share PIN/Driver ID numbers.

ASSET MANAGEMENT SYSTEM (AMS)

- Completed MV3s must be submitted as follows:
 - Parish offices submit to Regional Office by the 10th of the month.
 - Regional Office reviews and keys into AMS by the 20th of the month.
 - Regional Office submits to Business Services Manager by the 30th of the month.
 - SES offices submit to Business Services Manager by the 10th of the month, with a copy to SES State Office.
 - Business Services Manager reviews and keys into AMS by the 30th of the month.
 - Family Assistance Divisions submit to Business Services Manager by the 10th of the month.
 - Business Services Manager reviews and keys into AMS by the 30th of the month.
 - Retain a copy of all documentation for files.

ASSET MANAGEMENT SYSTEM (AMS)

■ ENTERING VEHICLE REPORTS INTO AMS

- Complete the Request for User ID (LPAA 1) and submit to OFS Business Services Manager – Family Assistance Regions only.
- Click **fuel/mileage tab**
 - Click **insert**
 - Enter begin date, end date, ending odometer reading, gallons of fuel and fuel cost (pump price on the receipt)
 - Click **save**
- Click **maint/repair tab**
 - Click **log maintenance** to enter regularly scheduled maintenance (oil change, air filter, transmission fluid, fuel filter and inspection sticker).
 - If the air filter does not need to be changed, put a check mark and enter “0” for cost.
 - Click **save**

ASSET MANAGEMENT SYSTEM (AMS)

▣ ENTERING VEHICLE REPORTS INTO AMS

- ▣ Click **repair** to enter repair expenses
 - ▣ Click **save**
 - ▣
- Click F5 to re-check entry
- Click **completed, show all** to view all maintenance and repair entries.
- Contact the Business Services Manager for further training.