BOWIE STATE UNIVERSITY

VEHICLE ACCIDENT REVIEW BOARD

POLICY & PROCEDURES

MANUAL

Effective: January 2015
Bowie State University
Vehicle Accident Review Board Policy Guidelines

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I. Board Members

The 2015 Vehicle Accident Review Board (ARB) shall consist of nine members representing a cross range of university constituents. The members are:

Faculty Senate - Phillip Tajeu
University Legal Counsel (Ex – Officio) - Vacant
Office of Procurement – Joi Montgomery
Transportation - Tonya Jones
Division of Administration and Finance – Linda Parkerford, Jabari Walker
Staff Council – Trish Johnson
Student Government Association – Charles Marshall
Graduate Student Association – Lavel Jones

Although, the Vehicle Accident Review Board may meet at any time a quorum (five individuals) is necessary before conducting any official university (ARB) business.
II. INTRODUCTION

The information contained in this document details the Bowie State University (BSU) policy, and guidelines regarding the use of university owned vehicles. Additional policy and procedures may be found in the BSU Transportation Department’s Policy & Procedures.

The University is responsible for keeping current on any changes to the University System of Maryland (USM), and State of Maryland laws, and regulations on the use of vehicles.

Additionally, the University is responsible for obtaining official driving records from the Motor Vehicle Administration for all employees who drive vehicles as a part of the job, or while conducting official University business.

All University/State owned vehicles (gas, electric, diesel, hybrid, etc.) are governed by the policies and procedures defined in this manual.

III. PURPOSE

To provide procedures for the review of preventable accidents involving BSU Vehicles including busses.

A. PROCEDURES

1. A bus involved in an accident/incident shall not be moved until released by a transportation supervisor or the responding police officer.

2. All accidents/incidents must be verbally reported to the Department of Transportation immediately, and in writing within 72 hours of the accident/incident.

3. Any bus operator involved in two (2) preventable accidents/incidents within a 24 month period in which the bus operator is charged, either by police and or the Vehicle Accident Review Board is subject to termination.

IV. USE OF UNIVERSITY VEHICLES

The campus maintains University vehicles to provide transportation in the most effective, efficient, and safest way possible for University employees in the performance of their duties. The vehicles are to be used when cost savings can be realized. Public transportation is to be used in lieu of University vehicles when BSU Vehicles are not readily available.

University vehicles shall be used only when conducting official University business. This means "only when driven in the performance of, or when necessary in the course of the duties of University employment."
No University official or employee shall use or permit the use of any University vehicle other than in the performance of University business. Only University employees may drive University vehicles. The campus may not loan or lease a University vehicle to any non-state entity including associated BSU auxiliary organizations.

V. DEFINITION OF UNIVERSITY (BSU) EMPLOYEES

"University employees" are defined as those individuals who have completed all prerequisites to BSU employment; this includes all BSU faculty and staff.

Individuals who are not "University employees," are prohibited from driving University owned vehicles. This includes students, state officials, and members of the Board of Regents.

A University vehicle is defined as a motorized device for land transportation that is owned, or leased by the University.

VI. MISUSE OF UNIVERSITY VEHICLES

The following conditions are considered to be a misuse of University vehicles:

- Driving a University vehicle without authorization to do so.
- Driving without valid Maryland or other State operator's license of the appropriate class for the type vehicle being driven.
- Permitting a person who is not a University employee to drive a University vehicle.
- Engaging in unsafe practices, including failure to use and to ensure that all passengers use all available safety equipment in the vehicle. Safety equipment includes seat belts and/or shoulder restraints.
- Falsification of travel logs, travel authorizations, defensive driver training program certificates, accident reports, or other forms required for the use of the vehicle.
- Improper storage or parking of University vehicles.
- Attempting to unlock (without the key) and causing damage to a University vehicle that has been locked either intentionally or accidentally.
- Personal use or transporting passengers other than individuals directly involved with University or State business.
- Failure to comply with any laws, regulations, or policy regarding the use of University vehicles; including the requirement to have satisfactorily completed a University approved driver training course.

Employees misusing University vehicles may be held personally liable for damages to property or injury to individuals. They may also be responsible for their legal expenses if their actions are determined to be egregious. Employees who misuse University vehicles are also subject to disciplinary action.

VII. CAMPUS RESPONSIBILITIES

A. AUTHORIZATION TO USE UNIVERSITY VEHICLES - The BSU Transportation Department is responsible for determining who meets the qualifying
standards of a University employee, and who will be authorized to drive on official University or State business. As well as the types of vehicles they are qualified to use.

B. CONTROL - It is necessary for BSU to establish one point of control in order to:
• Fulfill the maintenance, safety and seat belt requirements for vehicles.
• Control usage of vehicles in accordance with Federal, State of Maryland, BSU, and campus laws, regulations, policies, and procedures.
• Verify and maintain all required driving logs.
• Ensure prompt reporting of motor vehicle accidents, and post-accident review by a safety coordinator and/or supervisor (this includes completion of the Accident Review Board’s - Report of Vehicle Accidents).
• Issue instructions, and guidelines to clarify all relevant laws, regulations, policies, and procedures.

C. USAGE VIOLATIONS - The University is responsibility for controlling and regulating misuse. When misuse is discovered, it is the responsibility of the Accident Review Board to determine the cost, and provide notification to the appropriate authority. Recovery of the cost of misuse is not to be considered a disciplinary action. The campus administration will determine what disciplinary action, if any, is appropriate.

D. CRITERIA FOR USAGE –
• The University Transportation office shall determine that the following criteria have been met before releasing a University vehicle to an employee or authorizing an employee to use a vehicle on official University or State business:
• The person requesting use of the vehicle is in fact a University employee in active, State-funded pay status or in a Contingent Position.
• The Transportation office has obtained a copy of the individuals driving record from the Motor Vehicles Administration and it is judged that the individual has a good driving record.
• The person has satisfactorily completed a BSU approved vehicle driving course.

VIII. DRIVING RECORD REVIEW

Institutions and departments must exercise care in allowing individuals to operate University vehicles in order to promote safety, reduce liability, and costs associated with poor driving. Institutions will review the driving record of each employee permitted to use University vehicles when the employee begins work, and at least once a year thereafter. In addition, the University shall use the Motor Vehicle Administration’s Special Attention Code Flag System to facilitate the record review function. Employees must provide their driving records upon request.

Employees who have driving records that show an accumulation of six or more points for moving violations will not be allowed to operate University vehicles. An employee whose driver’s license is suspended or revoked may not operate a vehicle during the period that the
suspension or revocation is in effect. Employees who have driving records that exhibit a
general disregard for individual responsibility in operating a vehicle either through point
accumulation, repeated violations, reckless driving, or driving while under the influence of
alcohol or drugs may not be allowed to operate University vehicles.
INVESTIGATION CHECKLIST

□ Accident or incident name:

□ Location:

□ Jurisdiction:

□ Date of accident/incident:

□ Brief description of accident/incident:

□ Co-lead or agency lead investigation – delegation of authority memo

Name: ________________ Phone Number ____________________

□ Agency administrator:

□ Team Leader:

□ Police Report:

□ State Loss Report:

□ Witness Statements:

□ Other information:
IX. ACCIDENT CONTROL, REPORTING and CORRECTIVE ACTION

A. General Guidelines When Involved In an Accident

What to do immediately after an accident - Motor Vehicle Accident Reporting Procedures

1. Stop as near to the scene as is safely practical; avoid blocking traffic and otherwise potential danger to others.

2. Dial 911, request that a police officer respond to the scene and prepare a formal Police Report. If necessary, notify appropriate emergency medical and/or fire/rescue authorities. Cooperate fully with police and emergency authorities.

3. **DO NOT** admit any negligence or fault or offer settlements.

4. Provide identification to involved parties.

5. Obtain contact information, name & addressor of witnesses and all involved parties.

6. Protect University property.

7. Notify the Transportation Department at (301) 860-4210 as soon as possible. Accidents involving evacuation by emergency medical personnel must be reported immediately by telephone to the Transportation Manager at (301) 860-4211.

8. Complete and submit written accident report within 72 hours in accordance with BSU guidelines.

9. BSU Fleet Coordinators should advise claimants/attorneys to contact the BSU Insurance Coordinator, Mi’Shaun Stinnett at (301) 860-3471 for questions and instructions for filing a formal notice of claim. Each Institution may have its own additional reporting requirements.

10. Forward all correspondence related to claims to Mi’Shaun Stinnett’s attention.
B. Reporting an Accident or Loss

1. Reporting Accidents – General

The Motor Vehicle Liability Coverage is self-insured by the State and managed by the Insurance Division, Office of the State Treasurer. This program comes within the scope of the Maryland Tort Claims Act. All incidents and/or accidents involving a motor vehicle are to be reported IMMEDIATELY on the AUTO LOSS REPORT form. Accident reports are to be completed and distributed within 48 hours of the accident.

2. State Vehicle Accidents Involving vehicles, property and personal injury with non-State parties:

When a State vehicle is involved in an accident, the designated Insurance Coordinator must complete the AUTO LOSS REPORT form and forward it to the Insurance Division, Office of the State Treasurer. Keep a photocopy for your agency.

If the accident is caused by the “other party’s” negligence, the State will make a claim directly against the other party and/or insurance company.

Please follow these procedures:

   (1) Submit AUTO LOSS REPORT form as above.

   (2) If the State vehicle is operable, obtain three (3) estimates (a minimum of two (2) with proper justification) and forward originals to the Insurance Division.

   (3) If the State vehicle is not operable, notify the Insurance Division of vehicle’s location immediately by phone. The vehicle’s location must also be shown on the AUTO LOSS REPORT form.

   (4) All questions should be directed to the agency Insurance Coordinator or to the Insurance Division of the State Treasurer’s Office.

If more than two (2) vehicles or two (2) injured parties are involved, use additional AUTO LOSS REPORT forms as necessary.

AUTO LOSS REPORT forms are not to be placed in the State vehicle.

DO NOT DELAY REPORTING THE ACCIDENT PENDING RECEIPT OF A COPY OF THE POLICE REPORT.

Accidents Involving Death or Bodily Injuries:
Incidents/accidents involving serious bodily injuries, death, or evacuation by emergency medical personnel are to be reported by telephone within four (4) hours to the State Insurance Division. Follow the telephone report with a written
report (AUTO LOSS REPORT form) to the State Treasurer’s Office, Insurance Division.

3. State Vehicle Accidents Involving Only Damage (Including Fire) to a State vehicle(s) with No Other Party Involved

The designated agency Insurance Coordinator completes the AUTO LOSS REPORT form and forwards to the Insurance Division. Physical damage to State vehicles is covered under the State Insurance Trust Fund (SITF) less a $1,000 deductible by agencies,

The SITE does not provide coverage for theft.

4. The AUTO LOSS REPORT Form Completion – General

The prompt and accurate reporting of all accidents is mandatory. While all information is important, please be sure the following areas have been completed before distribution:

- Date and time of loss.
- Your agency’s name and State agency Appropriation Code.
- Your agency’s telephone number.
- State vehicle identification number (serial or VIN#) and license plate (tag) number.
- Name, address and home phone number of State driver.
- All available information on damage to other property (description, name, address and phone number of owner) or on injury to other persons (name, address, phone numbers, age, extent of injury, whether or not transported to hospital, name of hospital, etc.).

Identify all witnesses to the accident. Provide names, addresses, and phone numbers. It is imperative that all pertinent information be given. Prompt, accurate and complete information is essential to efficient claim adjustments. Reports of incidents or accidents are to be submitted even if the parties, individual(s) involved indicate they were not injured and no damage was done.
# STATE OF MARYLAND AUTOMOBILE LOSS REPORT

**State Treasurer's Office**
**Insurance Division**
80 Calvert Street
Annapolis, MD 21401
800-942-0162  410-260-7684  Fax 410-974-2865

<table>
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<th>Agency Name &amp; Location:</th>
<th>Contact's Name &amp; Address:</th>
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<th>Driver's Name:</th>
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<th>Describe Vehicle Damage:</th>
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### Other Vehicle or Property Damaged

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<th>Make:</th>
<th>Model:</th>
<th>Tag #:</th>
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<th>Insured? Y/N</th>
<th>Name of Insurance Company:</th>
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<table>
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<tr>
<th>Owner's Name:</th>
<th>Driver's Name:</th>
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<th>Address:</th>
<th>Address:</th>
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<th>Phone #:</th>
<th>Phone #:</th>
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</table>

<table>
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<tr>
<th>Describe Vehicle Damage:</th>
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### Injured Persons:

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<th>Name &amp; Address:</th>
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<th>Phone #:</th>
<th>Age:</th>
<th>Phone #:</th>
<th>Age:</th>
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### Witnesses or Passengers:

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<th>Name &amp; Address:</th>
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<th>Signature:</th>
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<tr>
<th>Phone #:</th>
<th>Date:</th>
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C. Instructions for Completing Motor Vehicle Accident Investigative Guide (FS-1)

1. A Motor Vehicle Accident Investigation Guide (FS-1) is completed each time an AUTO LOSS REPORT form is completed and submitted to the Insurance Coordinator. The driver completes the first page of the form. The second page is then completed and reviewed by the supervisor and subsequently by the agency Accident Review Board with the appropriate comments entered into the spaces provided. PLEASE DO NOT DELAY THE SUBMISSION OF THE AUTO LOSS REPORT FORM PENDING COMPLETION OF THE FS-1.

2. The Motor Vehicle Accident Investigation Guide (FS-1 is attached) must be completed by the driver within 48 hours of the incident and reviewed by the driver’s supervisor for accuracy and completeness within 72 hours.

3. Upon completion of the driver’s section, the supervisor reviews this information and completes the “Accident Review by Supervisor” section of the FS-1. For interpretations of preventable accidents, please refer to the Accident Definitions located in Section G of this Appendix. After the completion of the driver’s section and the supervisor’s section the FS-1 is forwarded to your agency’s Insurance Coordinator and Accident Review Board for processing.
MOTOR VEHICLE ACCIDENT INVESTIGATION GUIDE (FORM FS-1)


3. Driver’s Name: ____________________________ 4. Unit/Section: ________________________

5. Classification: ____________________________ 6. Date & Time of Accident: ______________

7. Location of Accident: ______________________ 8. Driver’s License #: _________________

9. Conditions (Please circle all that apply):

- Daylight
- Dawn
- Dusk (street lights on)
- Dusk (street lights off)
- Dark (no street lights)
- Clear
- Cloudy
- Foggy
- Rain
- Snow
- Wet
- Ice
- Unknown
- Vehicle Defect Specify: _____

10. Accident Investigation Information:

a. State Police ( ) Yes ( ) No
b. Local Police ( ) Yes ( ) No
c. Were citations issued to:
   (1) State Driver ( ) Yes ( ) No
   (2) Other Driver ( ) Yes ( ) No

11. Was State driver/passenger injured? ( ) Yes ( ) No
    Were restraints in use? ( ) Yes ( ) No

12. Detailed Description of Accident:

----------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------

Diagram: Below

13. Insurance Information for Other Vehicle:

Company________________________________ Tag # of other vehicle: ________________

Policy #: ____________________________________
ACCIDENT REVIEW BY SUPERVISORS

1. Driver’s Name: _______________________ 2. State Vehicle Tag #: ______________
3. Number of Accidents Within the Last 3 Years: ______ 4. Points on Driving Record: __
5. I have reviewed this accident with the driver involved and have the following additional comments:
   ____________________________________________________________________________
   ____________________________________________________________________________
6. Was this accident preventable by State driver? Yes ________ No ________
7. Date: __________ Name: _____________________ Position: __________________
8. Supervisor’s Signature: ________________________ Phone: __________________

Accident Review Board

1. An investigation and review of this accident in accordance with the State Motor Vehicle Accident Prevention Program indicates that it should be judged:
   Preventable _________________ Non-Preventable _________________
2. Consideration of the facts indicates the following would be helpful in avoiding such accidents in the future:
   ____________________________________________________________________________
   ____________________________________________________________________________
3. Corrective action, if accident is found to be preventable. Please check all that apply.
   __________ 1. Verbal counseling.
   __________ 2. Require attendance at a driver improvement program/written reprimand.
   __________ 3. Temporary denial of driving privileges in a State vehicle.
   __________ 4. Permanent denial of driving privileges in a State vehicle.
   __________ 5. Suspension of one or more days in compliance with MD Personnel Rules.
   __________ 6. Requirement to reimburse State for damages to State property.
4. Date Driver Notified: _________________ Driving Record Noted: ( ) Yes ( ) No
5 Review Board Signatures:
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
D. Accident Review Board Work Sheet (FS-2)

1. Documentation of Accident Review Board and agency determinations are to be maintained on the Accident Review Board Work Sheet found at the end of this section. Completed work sheets with copies of the appropriate AUTO LOSS REPORT form FS-1 and FS-3 forms are to be maintained on file by the agency.

**ACCIDENT REVIEW BOARD WORK SHEET (FORM FS-2)**

Description of Accident:

_________________________________________________________________________________________

_________________________________________________________________________________________

Driver’s License #: __________________ Date of Occurrence: ____________
License Tag No: ___________________ Date Notified: ___________________
Operator’s Supervisor: _________________________________________________
Attachments:

_________________________________________________________________________________________

Date Operator Advised Notified of Hearing: _____________________ to have Counsel: _____ Y _____ N
Date(s) of Hearing(s) ________________, ________________, ________________

Opinion:

☐ Preventable Accident
☐ Unpreventable Accident

_________________________________________________________________________________________

Signature: ________________________________ Date: _______________
Signature: ________________________________ Date: _______________
Signature: ________________________________ Date: _______________

**************************************************************************************

Recommended Board Actions:

_________________________________________________________________________________________

Appeal Entered: ______ Y ______ N Date of Appeal: ______________
Result of Appeal:
_________________________________________________________________________________________

Agency Head Approval: (Corrective Action Only, i.e., Reprimand, Restitution, Etc.)

Signature: ______________________________________ Date: _______________

Disposition of Report: _________________________________________________

Date Case Closed: ___________________
E. **Driver Corrective Action Program (FS-3)**

1. General

The Corrective Action Program identifies corrective action to be taken. Agency Accident Review Boards may exercise other corrective action when, in their judgment, documented circumstances warrant.

Corrective actions are applied based on point totals listed on the Driver Evaluation Point System, Form FS-3 provided at the end of this section. This form is to be completed by the Accident Review Board of each agency as part of the accident review process when accidents are found to be preventable.

The Point Evaluation System takes into account two factors related to the driving history of the individual:

- **Violations – Last 3 Years** - A history of violations, even in the individual’s personal automobile and on his or her own time indicates driving patterns which present a potential risk to the State.

- **Preventable Accident History**: - This factor relates only to preventable accidents in State vehicles over a 3-year period. The agency’s Accident Review Board will have made the determination of preventability at the time of review of any prior accident.

2. Corrective Actions (CA) Point Guidelines

   A. **CA Points**

   - **11 to 44 - Verbal Counseling** - The operator is to be given a verbal counseling. A detailed discussion of the violation should take place with the operator.

   - **45 to 64 - Driver Improvement Program**: The operator is required to attend a suitable driver improvement-program within 90-days of the occurrence. The operator must receive a certificate of completion. Additionally, the operator may receive an official reprimand in accordance with State Personnel law and regulations. This will be in writing and will include a statement of facts concerning the reprimand. The reprimand along with the driver improvement certification of completion will be filed in the operator’s personnel file, and a copy of the reprimand will be given to the operator.

   - **65 to 114 - Driver Improvement Training Serious Offender Program**: - The operator is required to attend the Statewide Driver Corrective Action Program Action Program conducted by the Maryland Department of Transportation (MDOT) or a training program, which is similar in content. The operator must attend this class within 90-days of the occurrence. The
operator must receive written certification that the course has been successfully completed, a copy of which will be placed in the employee’s personnel file. A reprimand may also be issued as above.

115 to 199 - Damage Assessment: - The operator is to be assessed for actual damages to State-owned property or vehicles up to a $1,000 maximum, when damages are incurred while using a State vehicle in a manner which is in violation of State Fleet Policies, and that vehicle is a passenger automobile or a truck of a ¾-ton capacity or less. The Agency Review Board on a case-by-case basis shall assess damage to vehicles over ¾-ton capacity. A reprimand and attendance at driver improvement training – serious offender program is to apply to the operator as above.

200 to 225 - Suspension of Driving Privileges: - The operator’s privilege to operate State-owned vehicles or equipment shall be denied for a minimum of 6 months. At the end of this time, and upon completion of a driver’s improvement – serious offender training program, and appropriate in-car evaluation by agency management, the operator may apply to the agency Accident Review Board for reinstatement of his/her driving privileges. If in the opinion of the agency Accident Review Board, and as approved by the Agency Head, this action is in the best interest of the State; the operator’s privileges may be reinstated. The operator shall also be assessed for damages to the State-owned property and may receive a written reprimand as above.

226 to 270 - Suspension from Duties: - The operator may be suspended without pay in accordance with State Personnel law and regulations. The Accident Review Board shall recommend the length of suspension. The operator is also required to attend the Driver Improvement Training – Serious Offender Program and be assessed for damages to the State-owned property.

271 & Over - Removal of Driving Privileges: - The operator’s privilege of operating State-owned vehicles shall be removed with no right of reinstatement for a period of 3 years. At the end of that time, and upon completion of a driver improvement – serious offender training program and appropriate in-car evaluation by agency management, the driver may reapply to the agency Accident Review Board for reinstatement as above. The operator may also be suspended without pay in accordance with DBM regulations, receive a written reprimand, and be assessed for damages to the State-owned property.

B. Must Appear Violations: - Operators charged with such violations shall have the privilege of operating State vehicles or equipment suspended immediately regardless of the total point value determined by the Driver Evaluation Point System. The suspension shall remain in effect until such time as the individual has completed such instruction or action as recommended by the agency Accident Review Board and approved by the agency head. The agency will notify DBM of the action taken.
In addition, the agency’s Accident Review Board will determine such other corrective action as will apply to the operator, such as assessment for damages to the State-owned property or vehicles under the rules outlined above.

C. Example

Accident:

At 2:35 p.m. on May 27, 2010, a clear sunny day, a Parole and Probation Agent returning from a visit to a probationer’s place of employment was traveling in a State vehicle north on U.S. Route 1 in the fast lane. Upon approaching the intersection of U.S. Route 1 and Elkridge Landing Road, the State driver was unable to stop for a vehicle that had slowed to make a left turn onto Elkridge Landing Road. The State driver ran into the rear of the slowing vehicle.

D. Investigation:

The State driver’s motor vehicle record shows 3 current points for speeding in the last 3 years. Police accident investigation reports indicate no drugs or alcohol were involved, but speed on the part of the State driver was a factor in the accident. The driver of the stopped vehicle sustained a neck injury with no injuries sustained by the State driver. There was approximately $835 damage to the State vehicle. The State driver was not wearing the vehicle restraint device. A check of agency records reveals that the State driver has no prior preventable accidents.

E. Agency Action:

The agency’s three-member Accident Review Board was convened and reviewed the described accident. The Board findings were that the accident was a preventable accident. The Board then completed the evaluation sheet to determine appropriate corrective action recommend for the driver. (See attached FS-3)

F. Disciplinary Results:

The points assigned total 55 (i.e., 25 + 10 + 20). The State driver will be assigned to a driver improvement training class and a letter of reprimand will be placed in the driver’s personnel file. The reprimand will also note that the State driver did not use the vehicle’s restraint device.
DRIVER SAFETY CORRECTIVE ACTION PROGRAM SYSTEM EVALUATION SHEET
(Form FS-3)

“A preventable accident is one in which the driver failed to do everything he reasonably could have done to prevent it.”

Points Assessment

1) **Motor Vehicle MVA**
   - Driving Record POINTS 1 2 3 4+
   - Of Current MVA Violation Points, VALUE 5 PTS 10 PTS 25 PTS 50 PTS _______
   - Last 3 Years

2) **Preventable**
   - Accident History ACCIDENT(S) 1 2 3 4 5
     - (State Vehicles)
     - Last 3 Years Only VALUE 10 PTS 40 PTS 100 PTS 200 PTS 300 PTS _______

3) **Speed Indicated as**
   - A Factor VALUE 20 PTS ______

4) **Unauthorized**
   - Use Of Vehicle
   - Tampering/Altering of Vehicle VALUE 50 PTS ______

Must Appear Violations *See Corrective Action Point Guidelines.*

TOTAL POINTS _______

Corrective Action (applied only when the accident is determined to be preventable
- See Section E and Section G of this attachment)

11 - 44 PTS Verbal Counseling
45 - 64 PTS Driver Improvement Program/Written Reprimand
65 - 114 PTS Driver Improvement Training, Serious Offender Program
115 - 199 PTS Damage Assessments
200 - 225 PTS Suspension of Driving Privileges
226 - 270 PTS Suspension from Duties
271 - and over Removal of Driving Privileges
PROCEDURES FOR STATEWIDE DRIVER CORRECTIVE ACTION PROGRAM

All Department and Agency Accident Review Boards (ARB) will review all vehicular accidents. The Agency or Department ARB will determine if the accident was preventable or non-preventable.

If “Preventable”, the ARB will take corrective action based on the State Vehicle Fleet Policies and Procedures for Drivers of State Vehicles Manual, along with any additional policies dealing with the Statewide Driver Corrective Action Program. If the ARB recommends attending the Statewide Driver Corrective Action Program, the first step is:

I. The ARB chairperson of the department and/or agency will submit, in writing, to the Administrator—Statewide Driver Corrective Action Program, 7491 Connelley Drive, Hanover, Maryland 21076, phone number 410-582-5555.

Name of Employee/Authorized Driver:
Title:
Class:
Driver’s License #:
Supervisor’s Name:
Place of Employment”
Mailing Address:
Type of Accident (i.e., backing, speeding, etc.):

2. Upon receipt of the letter or memo from the department and/or agency ARB chairperson, the Administrator will schedule the employee/participant for the Driver Corrective Action class.

3. The Driver Corrective Action classes will be scheduled as required, contingent on having a minimum number of employees to justify conducting a class. Classes are two days in duration. The first day consists of classroom instruction and testing. The second day consists of employees being scheduled at staggered times throughout the day for in-car driver observation, instruction and evaluation.

4. Two or three weeks in advance of this class, the Administrator, Statewide Driver Corrective Action Program, will notify the employee, supervisor and ARB chairperson of the date, time and location of the class.

Note: If the employee fails to attend the class, the Administrator will advise the correct authority and notify the employee’s ARB chairperson by phone.

Note: The only way an employee assigned to this program can be rescheduled or excused is to have the ARB chairperson call the Administrator and request that the employee be rescheduled.
5. The program will follow the format as set forth in the Statewide Driver Corrective Action Program Outline (attached). The employee must meet the minimum requirement for the first day, a score of 80% on the written or oral test. If this is not achieved, the Administrator will call the ARB chairperson and advise. The employee will be asked not to return for day two of the class but may be rescheduled for a future class.

6. The program will continue following the outline for the second day. During the In-Car Driver Evaluation, the instructor will observe and evaluate the employee’s driving; address driving errors and/or habits; outline the problems and conditions that need to be corrected (i.e., visual, judgment, function, time and space). A minimum score of 80% is required to pass the driver evaluation test.

7. If in the judgment of the instructor, along with the facts, the employee has major problems with his driving, the Administrator will submit oral and written reports to the employee’s ARB chairperson. Copies of evaluation forms and test scores will be sent to the employee’s ARB chairperson.

8. If there are no problems, a Driver Corrective Action Program letter/card will be issued to the employee indicating that the employee has successfully completed the classroom instruction and has successfully demonstrated the proper handling of a State vehicle. ARB chairpersons will be notified in writing of employees that have successfully completed this program.
STATEWIDE DRIVER CORRECTIVE ACTION PROGRAM
OUTLINE

DAY ONE

8:00 – 8:30 A.M. INTRODUCTION
1. Introduction of Instructors and Participants
2. Logistics and Opening Remarks
3. Overview of Training Program – Objectives and Expectations
4. True Confessions on Driving Habits or Why Are We Here?

8:30 – 9:00 A.M. THE SERIOUS TRAFFIC OFFENDER
1. Breaking the Law
2. Traffic Violations and Penalties
3. Accident Prevention and Reporting

9:00 – 9:30 A.M. INTRODUCTION/PRE-TRIP SAFETY ISSUES
1. Self-Appraisal Exercise
2. Overview of Defensive Driving Techniques
3. Safety Procedures and Restraint Systems
4. Mechanical Failure/Pre-Trip Inspections

9:30 – 9:45 A.M. BREAK

9:45 – 11:00 A.M. CRITICAL DRIVING ELEMENTS
1. Establishing a Cushion of Safety
2. Scanning Ahead/Behind/Sides of Vehicle
3. Safe Following Distance
4. Blind Spots, Passing and Tailgaters

11:00 – 12:00 P.M. SPECIAL CONDITIONS
1. Driving in Poor Weather Conditions
2. Skidding and Hydroplaning
3. Day and Night Time Visibility Problems
   4. Driving Under the Influence of Drugs or Alcohol

12:00 – 1:00 P.M. LUNCH

1:00 – 2:00 P.M. SITUATIONAL DRIVING
1. Backing and Parking Situations
2. Stopping at Stop Signs and Signals
3. Making Right – Turns – on - Red
4. Driving in Commercial Areas
2:00 – 2:30 P.M. **WRITTEN TEST**
A written and/or oral test on driving information, Maryland State laws, and regulations and general knowledge. A minimum score of 80% is required to pass this test. Participants who do not achieve the minimum score will be instructed not to return for day two (2) of the program but may be rescheduled for a future class.

2:30 – 2:45 P.M. **BREAK**

2:45 – 3:30 P.M. **DAY 1 WRAP-UP AND DAY 2 OVERVIEW**
1. Day One Review and Critique/Questions and Answers
2. Overview Day Two Driving
3. View “One on One Coaching” video

**DAY TWO**

**IN-CAR DRIVER EVALUATION (ALL DAY)**

Participants will be individually scheduled to attend the in-car driver evaluation portion of this program at staggered times throughout the day. The instructor will perform a one-on-one driving observation, instruction and evaluation of each participant, logging driver evaluation information on a Driver Checklist form. The driving course will include interstate driving, urban driving, rural driving, and an obstacle course with backing and parking tests.

The driving time will be approximately 45 minutes for each student. During the evaluation, the instructor will take time to correct driving errors and/or habits during the In-Car Evaluation.

A minimum score of 80% is required to pass this test. Participants who are successful in passing the in-car driver evaluation will be presented a Driver Corrective Action Program letter/card indicating that the employee has successfully completed the classroom instruction and has successfully demonstrated the proper handling of a State vehicle.
F. GENERAL INSURANCE INFORMATION

SUBJECT: STATE VEHICLES AND RELATED INSURANCE

I. STATE VEHICLES

A. Liability – Damage to other vehicles, property and persons (including non-State employee passengers) $200,000 Limit per claimant is the maximum amount available under the Maryland Tort Claims Act.

Sovereign immunity is invoked for claims against the employee driver, and against the State for amounts above $200,000.

Note: The State does not waive its immunity for punitive damages, interest before judgment, combatant activities of the State Militia, and tortious acts of employees not within the scope of their duties or if the injury is made with malice, or gross negligence, or due to unlawful acts.

The State agency will be responsible for the first $1,000 of loss (liability and/or physical damage) associated with any one single occurrence.

B. Physical Damage – Damage to the State vehicle itself, commonly called collision and comprehensive (no coverage for theft).

Adjustment: All reimbursement by the Treasurer will be on an “Actual Cash Value” basis. Differences between the actual value and the replacement cost of the vehicle must be satisfied by the State agency owning the vehicle.

Deductible: $1,000 applies to all adjustments and must be satisfied by the State agency.

C. Medical Payments and Personal Injury Protection (PIP)

1. The State does not provide medical payments or PIP coverage.

2. Compensation for injury to employees is provided by the Worker’s Compensation Program.

3. The injured employee may be able to collect PIP benefits by filing a claim under his/her own family automobile insurance company.

D. Towing and Storage

The State provides coverage, subject to the $1,000 deductible per occurrence, if charges are a result of a covered loss.

E. Uninsured and Underinsured Protection

The State does not provide protection for either of these coverage’s. The employee may file and receive benefits under his/her automobile insurance policy.
F. Rental Car Coverage – The cost of a temporary replacement for a vehicle damaged as a result of a covered loss.

*The State does not provide reimbursement for this coverage.

II. STATE VEHICLES OUT-OF-STATE AND FOREIGN INSURANCE PROTECTION

A. Liability – Insured by the State Insurance Trust Fund.

1. Out-Of-State: State vehicles driven to other states within the United States are covered.

2. Foreign: If a State vehicle will be driven outside of the United States, proof of insurance coverage will be required when you cross the border. Please contact the Insurance Division Underwriter at 410-260-7196, as soon as you are aware that you will be traveling outside of the United States, to obtain a certificate of insurance. This will serve as the required evidence of insurance. It will indicate the $200,000 per person limit under the Maryland Tort Claims Act. Have the vehicle year, make, model, serial number, tag number, driver(s) name(s), and the dates of travel when you contact the Insurance Division.

3. Certificates of coverage evidencing $200,000 are required to cross the border.

B. Physical Damage – The same protection is afforded as Under I (B).

III. NON-OWNED VEHICLES

A. Under Contract – Vehicles owned by outside interests (example, U.S. Government, Counties, and Municipalities) but used by Maryland State agencies. The user should get a Certificate of Insurance from the Agency owning the vehicle. There may be cases when both the vehicle owner’s coverage, and the State coverage will apply. The coverage provided is the same as under Sections I and II above.

B. Leased Vehicles – Vehicles owned by others and leased (rented) to the State on a long-term basis (usually 30 days or more). In virtually every situation, the lessor will require commercial insurance with minimum limits. Please contact the Insurance Division within the Treasurer’s office prior to entering into an agreement. Negotiation with the lessor concerning the acceptance of State coverage is possible. If favorable negotiation is not possible, insurance must be purchased and charged (debited) to the State agency.
C. **Rented Vehicles** – Vehicles owned by others and rented to the State on a short-term basis (usually a few days – Enterprise, Hertz, Avis, etc.)

1. **Liability** – The State provides the same protection as described in Section I (A) regardless of whether the vehicle is rented within or outside the State.

2. **Physical Damage** – The rental company requires that the renter (State agency or employee) be responsible for most accidental damage to their vehicle. This provision is included in the rental contract. In order to eliminate this provision (waive) and make the rental company responsible, an addendum is required. This addendum is called “Collision Damage Waiver.” The State has elected to provide this coverage. **Do not sign or agree to the “Collision Damage Waiver.”**

   Each State agency will be responsible for the first $1,000 of damages.

3. **Notation** – When signing the rental agreement, include your name, State agency and the State of Maryland, and please read all of the provisions.

4. **Foreign Rental Vehicles (Outside the USA)**
   The protection of the Maryland Tort Claims Act cap is only assured in the State of Maryland. Outside the country, language and laws differ, and defense by the Office of the Attorney General is not feasible, so it is recommended that insurance be purchased through the rental car company when outside the USA.

D. **Privately Owned Vehicles Used on State Business**

1. **Liability** – The State provides liability (only) coverage for all privately owned vehicles driven by authorized persons on State business. See Section I (A). Employee injury – See Worker’s Compensation – I (C.2).

   PIP (medical, etc.) coverage may be available from your family automobile insurance coverage.

   Always notify both our Insurance Division and your family automobile insurance agent of all incidents or accidents. Failure to notify both could jeopardize your legal status in related claims and lawsuits.

2. **Out-of-State** – Liability protection is afforded out of state, with one major difference. The Maryland Tort Claims Act cap of $200,000 is not law in other states. When suit is brought outside the State of Maryland, the court in the other state must decide if they will honor Maryland’s $200,000 cap, or not. This means losses may be much higher outside the State of Maryland. The conditions that the use of the vehicle must be within the scope of the employee’s job duties, and that there being no gross negligence or malice still apply, as with State owned vehicles.
A second major consideration is, as with State owned vehicles, the State employee driver does not have immunity out-of-state, unless it is granted by that State under the doctrine of comity.

a. Your family automobile policy may respond.

b. If the claim is filed in Maryland, the Tort Claims Act may apply (this action is unusual).

3. **Physical Damage**

   a. There is no protection available from the State.
   
   b. Your family automobile policy must provide coverage.

**IV. COMMERCIAL INSURANCE**

Several State agencies have a variety of commercial automobile insurance coverage’s. Each policy must be reviewed in order to determine its effect on the above statements.

**V. CLAIMS**

Procedures and guidelines are addressed elsewhere. If you have a pressing question, telephone the Claims Unit in the Insurance Division at 410-260-7684.

The purpose of this position paper is to satisfy numerous inquiries. It is not the complete or final work on this subject. The intent is merely to place a general guide into your hands so that you will have a starting point to pursue a coverage question or to resolve a potential claim.

If you have any additional questions, please contact the Insurance Division at 410-260-7684.
G. ACCIDENT DEFINITIONS

I. BSU is expected to promote and manage vehicle safety, accident control/reporting and driver corrective action. The University has identified a Fleet Safety Coordinator who will:

   a. Generally promote and coordinate vehicle safety
   b. Coordinate staffing for the institution’s Accident Review Board
   c. Coordinate with the State Treasurer’s Office Insurance Manager and/or institutional insurance coordinator concerning vehicle accidents.
   d. Ensure and coordinate appropriate completion of the
      1. Accident report (ACORD Form)
      2. Investigation Guide or Police Report
      3. Accident Review Board Worksheet
      4. Corrective Action Evaluation
      5. Approved recommendations/Determinations

Institutions are expected to periodically convene their Accident Review Board to determine:

   - Driver History/Performance
   - Accident Cause(s) / Conditions
   - Accident Preventability
   - Necessary Driver Corrective Action

The Accident Review Board will provide a summary of findings and recommendations to the President’s designee. If an accident is found preventable, the Board will recommend driver corrective action.

The President’s designee is expected to review the Accident Review Board’s findings and recommendations. Approved recommendations will be sent to the appropriate supervisor for action.

BSU Intuitional drivers are expected to use vehicles in accordance with the General Rules for Drivers of University Vehicles. Accidents must be reported within 24 hours to the intuitional Insurance Coordinator. Every University vehicle will be supplied with an “Accident Packet”, which will include insurance information and an accident worksheet. Each institution will develop and Accident Packet to meet its specific needs.

II. Appeals

The driver must appeal a decision within ten (10) days of receipt of the Board’s written notice by contacting the Vice President of Administration and Finance in writing. The VPAF will review the original decision and respond to the driver in writing with in ten (10) days advising of the decision. The original ARB decision will stand unless there is a compelling reason to overrule its decision.
A. **Intersections:**
It is the responsibility of State vehicle drivers to approach, enter and cross intersections prepared to avoid accidents that might occur through the action of other drivers. Complex traffic movement, blind intersections, or failure of the “other driver” to conform to laws or traffic control devices will not automatically discharge an accident as “not preventable.”

B. **Vehicle Ahead:**
Regardless of the abrupt or unexpected stop of the vehicle ahead, your driver can prevent front-end collisions by maintaining a safe following distance at all times. A safe following distance is one that allows the driver sufficient time, distance, and vision requirements to avoid an accident to reduce traffic conflict. This includes being prepared for possible obstructions on the highway, either in plain view or hidden by the crest of a curve of a roadway. Overdriving headlights at night is a common cause of front-end collisions. Night speed should not be greater than that which will permit the vehicle to come to a stop within the forward distance illuminated by the vehicle’s headlights.

C. **Struck From Behind:**
Investigation often discloses that drivers risk being struck from behind by failing to maintain a margin of safety in their own following distance. Rear-end collisions preceded by a roll-back, an abrupt stop at a grade crossing, when a traffic signal changes, or when your driver fails to signal at a turn at an intersection, should be charged PREVENTABLE. Failure to signal intentions or to slow down gradually should be considered PREVENTABLE.

D. **Passing:**
Failure to pass safely indicates faulty judgment and the possible failure to consider one or more of the important factors a driver must observe attempting the maneuver. Unusual actions of the driver being passed or of oncoming traffic might appear to exonerate a driver involved in a passing accident; however, the entire passing maneuver is voluntary and the driver’s responsibility.

E. **Being Passed:**
Sideswipes and cut-offs involving a driver, while he is being passed, are preventable when he fails to yield to the passing vehicle by slowing down, moving to a right where possible, or maintaining speed, whichever action is appropriate.

F. **Oncoming:**
It is extremely important to check the action of the State driver when involved in a head-on or sideswipe accident with a vehicle approaching from the opposite direction. The exact location of a vehicle, prior to and at the point of impact, must be carefully verified. Even though an opposing vehicle enters your driver’s traffic lane, it may be possible for your driver to avoid the collision. For example, if the opposing vehicle was in a passing maneuver and your driver failed to slow down, stop, or move to the right to allow the vehicle to re-enter his lane, he has failed to take action to prevent the occurrence. Failing to signal the opposing driver in an appropriate manner should also be taken into account.
G. **Fixed Objects:**
Collisions with fixed objects are preventable. They usually involve failure to check or properly judge clearances. New routes, strange delivery point, resurfaced pavements under viaducts, inclined entrances to docks, marquees projecting over traveled section of road, and similar situations are not, in themselves, valid reasons for excusing a driver from being involved. A State driver must be constantly on the lookout for such conditions and make necessary allowances relative to speed and vehicle positioning.

H. **Pedestrians:**
Traffic regulations and court decisions generally favor the pedestrian hit by a moving vehicle. An unusual route of a pedestrian at mid-block or from between parked vehicles does not necessarily relieve a driver from taking precautions to prevent such accidents. Whether speed limits are posted or the area is placarded with warning signs, speed too fast for conditions may be involved. School zones, shopping areas, residential streets, and other areas with special pedestrian traffic must be traveled at reduced speeds equal to the particular situation. Young and inexperienced operators generally operate bicycles, motor scooters, and similar equipment. The driver who fails to reduce his speed when this type of equipment is operated within his sight distance has failed to take necessary precautions to prevent an accident. Keeping within posted speed limits is not taking the proper precaution when unusual conditions call for voluntary reduction of speed.

I. **Private Property:**
When a driver is expected to enter unusual locations, construction sites, etc., or driveways not built to support heavy commercial vehicles, it is the driver’s responsibility to discuss the operation with the proper authorities and to obtain permission prior to entering the area.

J. **Passenger Accident:**
Passenger accidents in any type of vehicle are preventable when they are caused by faulty operation of the vehicle. Even though the incident did not involve a collision of the vehicle, it must be considered preventable when your driver stops, turns or accelerates abruptly. Emergency action by the State driver to avoid a collision that results in passenger injury should be checked if proper driving prior to the emergency would have eliminated the need for the evasive maneuver. The driver is responsible for the utilization of passenger restraint devices.

K. **Non-Collision:**
Many accidents, such as overturning, jack-knifing, or running off the road, may result from emergency action by the driver to preclude being involved in a collision. Examination of his driving procedure prior to the incident may reveal speed too fast for conditions, or other factors. The State driver’s action prior to involvement should be examined for possible errors or lack of defensive driving practice.

L. **Miscellaneous:**
Projecting loads, loose objects falling from the vehicle, loose tarpaulins, or chains, doors swinging open, etc., resulting in damage to the vehicle, cargo, or other property or injury to persons, are preventable when the driver’s action or failure to secure them
are evidenced. Cargo damage, resulting from unsafe vehicle operation, is preventable by State drivers.

**M. Parking:**
Unconventional parking locations, including double parking, failure to put out warning devices, etc., generally constitute evidence for judging an accident preventable. Rollaway accidents from a parked position normally should be classified preventable. This includes unauthorized entry into an unlocked, unattended vehicle, failure to properly block wheels or to turn wheel toward curb to prevent vehicle movement.

**N. Backing:**
Practically all backing accidents are preventable. A driver is not relieved of his responsibility to back safely when a guide is involved in the maneuver. A guide cannot control the movement of the vehicle; therefore, a driver must check all clearances.

**Conclusion:**

It is impossible to describe in detail the many ways a driver might prevent an accident without being primarily or legally responsible. The above guide merely emphasizes the most frequent occurrences. The following definition of **Defensive Driving** should be applied to all accidents involving State drivers:

A **Defensive Driver** is one who commits no driving errors himself and makes all reasonable allowances for the lack of skill or improper driving practice of the other driver. A **Defensive Driver** adjusts driving to compensate for unusual weather, road, and traffic conditions, and is not tricked into an accident by the unsafe actions of pedestrians and other drivers. By being alert to accident inducing situations a defensive driver recognizes the need for preventative action in advance and takes the necessary precaution to prevent the accident. A **Defensive Driver** knows when it is necessary to slow down, stop, or yield his right-of-way to avoid involvement.
Agency Remedial Fleet Safety Training
Activity Report

Name of Agency: __________________________________________________

Address: _________________________________________________________

Contact Person: _____________________________________________________

Telephone #: ______________________________________________________

E-Mail Address: _____________________________________________________

1. How many employees were referred for remedial fleet safety training this year?

2. How many of these employees received the required remedial fleet safety training?

3. How many of these employees need training but have not yet been trained?

4. How many employees have not received the required remedial training from the previous year?

Please list the source(s) of remedial safety training provided to employees during the current year: If you have employees noted in item #4 above, please explain how you intend to meet the required training need of those employees who have yet to receive remedial training. Include a timeline for this training:
VEHICLE INSPECTION REPORT

Agency

INSPECTION:
Date of Inspection: __________ Mileage: _______ Inspected By: ____________________

Year __________ Make & Model: _________________ Body Style: _________________

Driver: ______________________________________________________________________

(First) (Middle) (Last)

Vehicle VIN: ______________________________ License No.: ______________

LAST SERVICE: Oil: ____________ Lube: _____________ Tune-up: _____________
(date) (date) (date)

Mileage: ____________ Mileage: ____________ Mileage: ____________

Indicate: SATISFACTORY “S” UNSATISFACTORY “U”


Mirrors:___

Lights: Front ___ Rear ___ Signal ___ Exterior: Scratches ___ Paint Condition _____

Dents

Interior: Cleanliness ____ Registration Card ____ Mileage Forms _____ Accident Package

IS OWNER MANUAL FOLLOWED ON GENERAL VEHICLE MAINTENANCE: ______

ASSIGNED DRIVER’S REMARKS:

Steerage: ____ Brakes: ____ Acceleration: ____ Transmission: ____ Other: _____

TO BE MONITORED BY INSPECTOR:

• Any unsatisfactory item must be corrected within 7 days.
• State repair contracts are to be used if in-house facilities are not available.
• All accidents are to be investigated by police and required reports submitted.

Failure to maintain Inspection Reports or to use State contracts and warranties may result in loss of State vehicle assignment
BOWIE STATE UNIVERSITY WITNESS STATEMENT FORM

Date of Accident:__________________  Time:____________________________________
Witness Name:______________________________________________________________
Witness Address:_____________________________________________________________
Witness Title:________________________________________________________________
Contact Number:______________________________________________________________
Witness Statement:_____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
I have given the statement above, and it is true and accurate to the best of my recollection.

Witness Signature                                      Date