



DEPARTMENT OF THE NAVY

NAVY RECRUITING DISTRICT RICHMOND
411 EAST FRANKLIN STREET
SUITE 101
RICHMOND, VA 23219-2243

NRDRICHINST 11240.2K

Code 60

SEP 17 2009

NAVCRUITDIST RICHMOND INSTRUCTION 11240.2K

Subj: RESPONSIBILITY AND UTILIZATION OF GOVERNMENT VEHICLES

Ref: (a) COMNAVCRUITCOMINST 4400.1C CH-8
(b) OPNAVINST 5102.1D
(c) OPNAVINST 5100.12H
(d) DoDINST 4500.36-R

Encl: (1) Sample Vehicle Use Log (COMNAVCRUITCOMINST 11240/4)
(2) Sample Domicile-to-Duty Control Log
(COMNAVCRUITCOMINST 11240/2)
(3) Vehicle Use Notification Letter
(4) GSA Form 1627, Accident Checklist
(5) SF-91, Operators Report of Motor Vehicles Accident
(6) SF-94, Statement of Witness
(7) CA-1 Federal Employees Notice of continuance of pay/
compensation

1. Purpose. The purpose of this instruction is to set forth the responsibilities for the use and operation of Government Motor Vehicles (GMV) assigned to this command as stipulated in reference (a).

2. Cancellation. NRDRICHINST 11240.2J

3. General Guidance. The general procedures outlined in reference (a) shall govern the operation of motor vehicles in the district. The Vehicle Coordinator is responsible for ensuring the procedures outlined herein and by reference (a) are delegated and implemented throughout the district.

4. Specific Guidance

a. Each department/station/individual assigned a government vehicle will maintain a vehicle usage log as depicted in enclosure (1) for each vehicle. The Vehicle Coordinator will review the monthly vehicle logs.

b. Individuals are responsible for maintaining their vehicle logs. The Logistics Department will be responsible for the vehicles within the pool and Recruiters-in-Charge (RINCs)

are responsible for maintaining station vehicles assigned to their station.

c. Each month, completed logs will be forwarded to the NRD Logistics Department no later than close of business on the 8th day of each month.

d. The vehicle use log must be maintained per reference (a). Department Heads, Zone Supervisors, and RINCs will ensure that the vehicle usage log is properly filled out at the beginning of each reporting period.

(1) Section A blocks 1-12. Vehicle tag number is government assigned number. (Ex: G10-00190)

(2) Section B. Credit Card Purchases.

(3) Section C. Vehicle Utilization.

(4) Section D. Remarks. Should be utilized to indicate all discrepancies found during the reporting period.

e. Instances where domicile-to-duty use of vehicle is considered essential in the performance of official duties will be approved in advance by the Commanding Officer. A separate log enclosure (2), shall be maintained to record accurately the reason, mileage, dates, and time such use is permitted.

5. Scheduled Maintenance. At various intervals, Motor Vehicle Service Authorization is received from General Services Administration (GSA). This authorization indicates preventive maintenance to be performed on the vehicle. Each individual, department or station is required to make arrangements with a local authorized service center to have this preventive maintenance completed within five calendar days of receipt of the notification. Vehicle operators failing to complete preventive maintenance may be held liable under the UCMJ for additional repair costs that occur. If during normal operation of the vehicle problems occur, GSA must be contacted prior to work being completed. For all repairs over 100 dollars, call the Maintenance Control Center (MCC) at 1-866-400-0411 Ext. 1 then Ext. 2 for prior approval. Vehicle operators will provide a copy of receipts for all maintenance performed to the Vehicle Coordinator.

6. License Requirements. Per reference (d), Chapter 9, military personnel are not required to possess a SF-46

Driver's License) to operate government-owned or leased administrative use vehicles under 10,000 pounds gross vehicle weight, provided they possess a valid state driver's license. Military personnel not possessing a valid state driver's license (on installation only) should be issued a SF-46. All NRD Richmond personnel shall present a valid state driver's license during check-in with the Vehicle coordinator.

7. Operator's Responsibilities. It is the operator's responsibility to ensure that the vehicle is properly maintained and is operated safely in all respects. It is also the operator's responsibility to obey all local, county, state, and federal traffic laws. Per reference (a), any traffic/parking violations (speeding or otherwise) are the responsibility of the operator and can be punishable under the UCMJ.

8. Cleanliness. It is the responsibility of the RINC of each station, as well as designated headquarters personnel, to see that both the exterior and interior of Navy vehicles are maintained in a high state of cleanliness. Vehicles should be washed and vacuumed twice each month at a minimum. "Deluxe wash and wax" is not authorized to be charged to the credit card. Vehicles will be cleaned internally on a weekly basis.

9. Passenger Capacity of Vehicles. In no case will the number of passengers exceed the number of seatbelts installed in the vehicle. **Seatbelts are to be worn at all times when operating.**

10. Parking. It is emphasized that Navy Recruiting District personnel are responsible for the safe and legal operation of official vehicles (including parking) and they will be held accountable for any laxity or violation of any traffic regulation. Utilize authorized parking spaces only when parking is permitted. Government funds are not available for payment of parking tickets.

11. Motor Vehicle Mishaps. Motor vehicle mishaps, including accidents, theft, vandalism, or a natural phenomena, regardless of the amount of damage, will be reported immediately by the fastest means possible to the Logistics Supply Officer and the chain of command in advance of submitting written accident report forms. Within three working days of an accident, the motor vehicle accident reporting kit enclosure's (4) through (7), repair estimates, and photo's shall be submitted by the operator involved in the accident/mishap to the Logistics Support Officer and GSA Accident Management Center. Within five days NRD Logistics Department will submit information to CNRC

and Naval Safety Center. The kit is located in the glove compartment of each vehicle.

12. The Motor Vehicle Safety Program

a. The Traffic Coordinator will carry out the following duties:

(1) Keep the Commanding Officer informed of traffic mishaps, trends, and where necessary, ensures that corrective action is promptly initiated.

(2) Maintain such records, statistics, and publications as are needed to conduct and monitor traffic safety activities.

(3) Develop and conduct self-surveys and maintain records of all implementing actions taken in this connection.

(4) Ensure adequate dissemination of promotional and educational materials received from higher authority and other sources, and originate, develop, and distribute additional materials as necessary concerning motor vehicle safety.

(5) Monitor the Traffic Safety Education Program and ensure implementation of reference (b) and other applicable directives.

(6) Ensure adequate investigation and timely submission of reports on all motor vehicle mishaps reportable under reference (c).

(7) Ensure that adequate corrective action is taken on recommendations made in conjunction with traffic mishap investigations.

(8) Analyze traffic mishap data, determine causative factors and trends, and initiate and monitor corrective and remedial measures.

(9) Maintain liaison with other traffic safety prevention agencies.

b. The Traffic Safety Council will carry out the following duties:

(1) Compile data concerning motor vehicle mishaps and violations.

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b. The Traffic Safety Council will carry out the following duties:

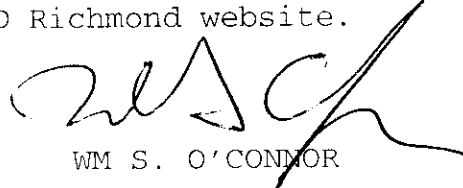
(1) Compile data concerning motor vehicle mishaps and violations.

(2) Take corrective and preventive actions including identifying high-risk drivers and driver improvement training.

c. In order for the Traffic Safety Council to discharge its duties as required by reference (a), all mishap investigation reports will be reviewed at the quarterly Traffic Safety Council meeting.

14. Inspections. Vehicle will be inspected for general cleanness and safety as part of the vehicle coordinators responsibility. Inspections can also be conducted during quarterly vehicle safety training by the Station RINC's.

15. Forms. Vehicle Usage Log (NAVCRUIT 11240/4) and Domicile-to Duty (NAVCRUIT 11240/2) are available from the Logistics Support Officer (LSO). Vehicle usage log and Domicile-to Duty forms are also available NRD Richmond website.



WM S. O'CONNOR

Distribution:
NRDRICHINST 5216.1G
List III

SECTION D - SAFETY INSPECTION					
EQUIPMENT/REQ. GENERAL SAFETY	OP	INOP/NON EQUIPMENT	EQUIPMENT/REQ. GENERAL SAFETY	OP	INOP/NON EQUIPMENT
S.F. 94 & GSA FORM 1627	<input type="checkbox"/>	<input type="checkbox"/>	SEAT BELTS (COND & WORK)	<input type="checkbox"/>	<input type="checkbox"/>
WINDSHIELD WIPERS (COND & WORK)	<input type="checkbox"/>	<input type="checkbox"/>	DIRECTIONAL LIGHTS (WORK)	<input type="checkbox"/>	<input type="checkbox"/>
WINDSHIELD WASHER (WORKS)	<input type="checkbox"/>	<input type="checkbox"/>	TAIL & BRAKE LIGHTS (WORK)	<input type="checkbox"/>	<input type="checkbox"/>
HORN	<input type="checkbox"/>	<input type="checkbox"/>	BACK UP LIGHTS (WORK)	<input type="checkbox"/>	<input type="checkbox"/>
MIRRORS INSIDE & OUT	<input type="checkbox"/>	<input type="checkbox"/>	HEAD LIGHT HIGH/LOW BEAMS (WORK)	<input type="checkbox"/>	<input type="checkbox"/>
SERVICE BRAKE (WORK)	<input type="checkbox"/>	<input type="checkbox"/>	TIRES (COND)	<input type="checkbox"/>	<input type="checkbox"/>
PARKING BRAKE (WORK)	<input type="checkbox"/>	<input type="checkbox"/>	GLASS CLEAR VISION (COND)	<input type="checkbox"/>	<input type="checkbox"/>
HIGH/LOW INDICATOR (WORK)	<input type="checkbox"/>	<input type="checkbox"/>	MARKING TIRE (COND)	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCY FLASHERS (WORK)	<input type="checkbox"/>	<input type="checkbox"/>	JACK & LOG WRENCH (COND & STOW)	<input type="checkbox"/>	<input type="checkbox"/>
POIC SIGNATURE:			POIC RANK/RATE AND NAME:		
OPERATOR'S CHECK LIST					
BEFORE OPERATION	DURING OPERATION	AFTER OPERATION	WEEKLY CHECK AND ACCOMPLISHMENT		
LIGHTS DAMAGE, PILFERAGE WINDSHIELD WIPERS BRAKE LEAKS - GENERAL PUBLICATIONS REQUIRED FUEL - OIL - WATER INSTRUMENTS SAFETY DEVICES	UNUSUAL NOISE STEERING INSTRUMENTS CLUTCH	LIGHTS SAFETY DEVICES	DRIVE BELT ANTI-FREEZE (WINTER ONLY) VEHICLE ACCIDENT KIT BATTERY/WATER CLEAN (WASH)		
SERVICE OPERATION					
THE FOLLOWING VISUAL VEHICLE INSPECTION WILL BE PERFORMED AT EACH REFUELING OF A VEHICLE					
1. Engine oil (Check level and contamination)		5. Lights			
2. Battery		6. Instruments (proper operation)			
3. Fan belts		7. Tires including spare (pressure, cuts, foreign objects)			
4. Leaks (oil, fuel, exhaust)					
REMARKS					

Domicile-to-Duty Authorization Letter

From: Commanding Officer, Navy Recruiting District, Richmond
To:

Subj: AUTHORIZATION TO USE GOVERNMENT VEHICLES FOR DOMICILE-TO-DUTY AND
RESTRICTIONS ON THE OPERATION OF VEHICLES

Ref: (a) DOD Regulation 4500.36
(b) OPNAVINST 5102.1
(c) COMNAVCRUITCOM 4400.1

1. By virtue of your assignment to recruiting duty, you are authorized to use Government Vehicles in the performance of your official duties provided by references (a) and (b) that:

- a. You are engaged in official recruiting duties.
- b. You possess a valid, unrestricted state driver's license.

2. You are also authorized to use Government Vehicles from your domicile to your duty station (domicile-to-duty) in the execution of your field work.

a. The term "field work" is defined as recruiting evolutions which terminate after normal working hours or begin prior to normal working hours. If you will not be required to return to your normal base of operation, you are authorized to request an assigned vehicle to drive to your place of domicile.

b. When you are involved in recruiting evolutions, wherein proceeding directly to that place of assignment or without reporting first to your normal place of operation is either a matter of necessity or expediency, you are authorized to request an assigned vehicle to drive to your place of domicile the working day preceding such engagement.

c. Recruiting personnel must obtain authorization from their NAVCRUITDIST Commanding Officer prior to each use of the vehicle for domicile-to-duty. The recruiter will annotate in the vehicle log as required in Ch 8, section 805.3b of reference (c).

3. While using Government Vehicles you are subject to the following:

a. You are prohibited from consuming alcoholic beverages while driving a Government Vehicle or for eight hours prior to its use. FAILURE TO COMPLY IS A COURT-MARTIAL OFFENSE UNDER THE UNIFORM CODE OF MILITARY JUSTICE (UCMJ).

b. You are subject to all state and local laws, rules, and regulations concerning the operation of a motor vehicle. You will be liable for prosecution under the UCMJ for the misuse of Government Vehicles. Should your state driving privileges be revoked, your ability to perform required duties would be severely affected and could result in a recommendation for termination. Should your driver's license be revoked, discontinue operation of any and all Government Vehicles. To operate a Government Vehicle without proper authority is a violation of existing regulations and directives. Repeated violations of traffic laws, accumulation of an abnormal amount of traffic citations (determined locally), serious violations such as Driving

ENCLOSURE (2)

While Intoxicated, hazardous driving, or reports of your unsafe operation of a vehicle, will result in the revocation of your driving privileges.

c. Vehicles shall be used to transport applicants only when suitable commercial transportation is not available. Transportation of individuals who are not primary applicants for enlistment/affiliation in the U.S. Navy and/or Naval Reserve, including hitchhikers, IS EXPRESSLY FORBIDDEN.

4. In the event that you are found to have caused permanent damage to a Government Vehicle due to negligence or an intentional act, you will be held liable for all cost to repair and restore that vehicle to the condition it was prior to the damage incurred.

5. You are directed to ensure that vehicles are maintained in such condition as to present a favorable appearance. When purchasing with the U.S. Government National Credit Card, remain within operation and maintenance guidelines as outlined in reference (c).

6. Domicile-to-duty usage of these vehicles is on a case-by-case basis and expected to be the exception, not the rule.

7. It is the intent of this authorization to preclude misuse of Government Vehicles while allowing you the privilege of domicile-to-duty usage of a recruiting vehicle to promote efficiency and effectiveness in your recruiting duties. This privilege may be removed at any time for good and sufficient justification.

(Signature of Commanding Officer)

Copy to:
Service Record

FIRST ENDORSEMENT

From:

To: Commanding Officer, Navy Recruiting District, Richmond

1. I have read and fully understand the intent and authorization of the basic letter and all references listed therein.

2. I further understand that any violation of the provisions of the basic letter could result disciplinary actions against me and my being held responsible for any and all costs of repair to the Government Vehicle and the property of the other parties involved.

(Signature of Requester)

(Print Name, Last, First, MI, Rate)

Copy to:
Service Record

ENCLOSURE (2)

From: (Name and Station of Requester)
To: Commanding Officer, Navy Recruiting District, (Area)

Subj: REQUEST FOR DOMICILE-TO-DUTY

Date/Time: DD SELECT MONTH SELECT A YEAR/ TIME

Justification/Applicant: Example: Pick up applicant to transport to MEPS.
Applicant lives 20 miles west of station and 5 miles west of my domicile.

Gov Vehicle Tag Nbr: -

1. The amount of miles from assigned duty station to domicile is approximately _____ miles.
2. Upon completion or within 24 hours of domicile-to-duty, I will notify you of the actual mileage.

Very respectfully,

(Signature of Requester)

(Print Name, Last, First, MI, Rate)

To: (Name of Requester)

Subj: DOMICILE-TO-DUTY

1. Domicile-to-Duty is (circle one) authorized / denied for

(Date)

(Signature of Commanding Officer)

ENCLOSURE (2)

Vehicle Use Notification Letter

From: Commanding Officer, Navy Recruiting District, Richmond
To:

Subj: OFFICIAL USE OF GOVERNMENT VEHICLES

Ref: (a) DoD Directive 4500.36
(b) COMNAVCRUITCOMINST 4400.1

1. Reference (a) implements Department of Defense (DoD) policy on the use of official Government Vehicles. Reference (b) is COMNAVCRUITCOM instruction governing vehicle use.

2. Attention is directed to the following requirements:

a. Government Vehicles are for official use only.

b. All occupants shall wear seat belts at all times.

c. No alcoholic beverage may be consumed in a Government Vehicle or within eight hours prior to operating a Government Vehicle.

d. Drivers of Government Vehicles are subject to personal payment of citations levied by civil authorities for improper operation and parking of Government Vehicles.

e. Drivers must have a valid state driver's license in possession while operating a vehicle.

3. Domicile-to-duty use of Government Vehicle is prohibited unless permission is received in advance from the Commanding Officer in accordance with reference (b). While operating a Government Vehicle, all stops and transportation of passengers shall be strictly official.

4. Violations of references (a) and (b) form the basis for disciplinary action, loss of privileges, and legal action by civil courts for damages caused to others.

(Signature of Commanding Officer)

ENCLOSURE (3)

FIRST ENDORSEMENT

From:

To: Commanding Officer, Navy Recruiting District, Richmond

1. On this date I have read and fully understand all of the requirements of references (a) and (b), including the following definition of official use. The term includes but is not limited to the following:

a. Transportation essential to the successful completion of a DoD function, activity, or operation.

b. Transportation of military and civilian personnel officially participating in public ceremonies, military field demonstrations, and parades directly related to official activities. Transportation of other individuals (e.g., hitchhikers, friends, family members) is prohibited unless the individual transported can be considered essential to the completion of the assigned mission.

c. Transportation of prospective military recruits may be provided in connection with interviewing, processing, and orientation.

d. The use of DoD-owned or controlled vehicles will not be authorized for the purpose of conducting personal business or engaging in other activities of a personal nature by military personnel, civilian officials and employees, members of their families, or others.

e. Use of Government Vehicle for transportation between my domicile and place of duty is prohibited without specific permission from the Commanding Officer.

f. Vehicle operators are prohibited from using headphones, earphones, and cell phones, in Government Vehicles while the vehicle is moving.

g. Use of Vehicle credit card is for use with Government Vehicle only and SHALL NOT BE USED TO PURCHASE FUEL FOR POV.

h. These orders are punitive and violations are subject to disciplinary measures in accordance with the UCMJ.

(Enter Rate and Name)

ENCLOSURE (3)

GSA FORM 1627
IN CASE OF AN ACCIDENT

1. Stop immediately.
2. Take steps to prevent another accident at the scene.
3. Call a doctor or ambulance if necessary.
4. Notify Police
5. **DO NOT sign any paper or make any statement** as to who was at fault (except to your supervisor or to a Federal Government investigator.)
6. Get the name and address of each witness. Ask the witness to complete Standard Form 94, Statement of Witness, contained in this envelope.
7. State your name, address, place of employment, name of your supervisor, and upon request, show your operator's permit and vehicle registration card. (Note: Only Government-owned or leased vehicles registered in the District of Columbia or displaying state tags have registration cards.)
8. Complete Standard Form 91, Motor Vehicle Accident Report (or reporting form required by your agency) at the scene. If conditions prevent this, make notes of the following:
 - a. Registration information for the other vehicle(s) (owner's name, tag number and state serial number, and vehicle description);
 - b. Information on the other driver (name, address, operator's permit number, and expiration date);
 - c. Name and address of each person involved and extent of injury, if any;
 - d. Name and address of company insuring other vehicle(s) and insurance policy number, and;
 - e. General information such as location, time measurements, weather, damage, etc.
9. As soon as possible, notify your supervisor and the manager of the Fleet Management Center listed on the front cover of the Vehicle Operator's Manual.

ENCLOSURE (4)

10. If the vehicle is unsafe to operate, call the Fleet Management Center Listed on the front cover of the Vehicle Operator's Manual for instructions. If you are unable to contact the Fleet Management Center or Maintenance Control Center due to accident occurring after normal duty hours or on holidays, have the vehicle towed to the nearest repair shop or service station. The Fleet Management Center must be notified concerning the vehicle's location as soon as possible.

11. Submit all reports and data to your supervisor within one working day.

12. Injuries should be processed through your agency personnel office using a CA-1 form.

NOTE: If you are injured, have the police notify your supervisor who will assume your responsibilities for reporting the accident.

ENCLOSURE (4)

MOTOR VEHICLE ACCIDENT REPORT

Please read the INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, items 72 thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.

SECTION I - FEDERAL VEHICLE DATA

1. DRIVER'S NAME (Last, first, middle)				2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		3. DATE OF ACCIDENT	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS							4b. WORK TELEPHONE NUMBER ()
5. TAG OR IDENTIFICATION NUMBER	6. EST. REPAIR COST \$	7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. DESCRIBE VEHICLE DAMAGE							

SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed.)

12. DRIVER'S NAME (Last, first, middle)				13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS			
14a. DRIVER'S WORK ADDRESS						14b. WORK TELEPHONE NUMBER ()	
15a. DRIVER'S HOME ADDRESS						15b. HOME TELEPHONE NUMBER ()	
16. DESCRIBE VEHICLE DAMAGE						17. ESTIMATED REPAIR COST \$	
18. YEAR OF VEHICLE	19. MAKE OF VEHICLE		20. MODEL OF VEHICLE		21. TAG NUMBER AND STATE		
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS						22b. POLICY NUMBER	
						22c. TELEPHONE NUMBER ()	
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED			24a. OWNER'S NAME(S) (Last, first, middle)			24b. TELEPHONE NUMBER ()	
25. OWNER'S ADDRESS(ES)							

SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)

26. NAME (Last, first, middle)						27. SEX	28. DATE OF BIRTH
29. ADDRESS							
A	30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN			31. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	32. LOCATION IN VEHICLE	33. FIRST AID GIVEN BY	
	34. TRANSPORTED BY			35. TRANSPORTED TO			
36. NAME (Last, first, middle)						37. SEX	38. DATE OF BIRTH
39. ADDRESS							
B	40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN			41. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	42. LOCATION IN VEHICLE	43. FIRST AID GIVEN BY	
	44. TRANSPORTED BY			45. TRANSPORTED TO			
46. Pedestrian				a. NAME OF STREET OR HIGHWAY			
				b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM TO			
c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)							

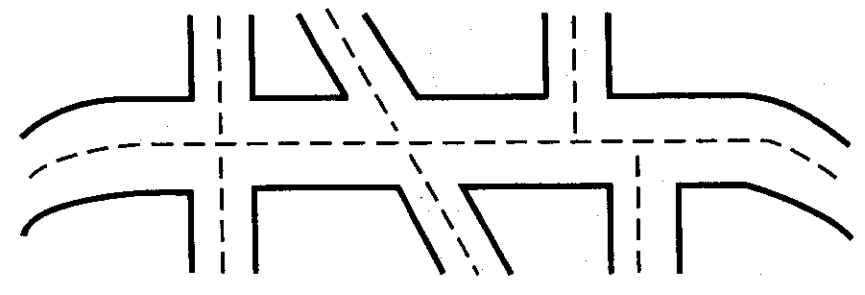
SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)

17. DATE OF ACCIDENT	48. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).
19. TIME OF ACCIDENT AM PM	

50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

- a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.
Example: → 1 ← 2 ←
- b. Use solid line to show path before accident and broken line after the accident
- c. Show pedestrian by → ○
- d. Show railroad by ++++++
- e. Place arrow in this circle to indicate NORTH



51. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA
		a. FRONT
		b. R. FRONT
		c. L. FRONT
		d. REAR
		e. R. REAR
		f. L. REAR
		g. R. SIDE
		h. L. SIDE

52. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.).

SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

A	53. NAME (Last, first, middle)	54. WORK TELEPHONE NUMBER ()	55. HOME TELEPHONE NUMBER ()
	56. BUSINESS ADDRESS	57. HOME ADDRESS	
B	58. NAME (Last, first, middle)	59. WORK TELEPHONE NUMBER ()	60. HOME TELEPHONE NUMBER ()
	61. BUSINESS ADDRESS	62. HOME ADDRESS	

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

63a. NAME OF OWNER	63b. OFFICE TELEPHONE NUMBER ()	63c. HOME TELEPHONE NUMBER ()
63d. BUSINESS ADDRESS	63e. HOME ADDRESS	
64a. NAME OF INSURANCE COMPANY	64b. TELEPHONE NUMBER ()	64c. POLICY NUMBER
65. ITEM DAMAGED	66. LOCATION OF DAMAGED ITEM	67. ESTIMATED COST \$

SECTION VII - POLICE INFORMATION

68a. NAME OF POLICE OFFICER	68b. BADGE NUMBER	68c. TELEPHONE NUMBER ()
69. PRECINCT OR HEADQUARTERS	70a. PERSON CHARGED WITH ACCIDENT	70b. VIOLATION(S)

SECTION IX - FEDERAL DRIVER CERTIFICATION

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

71a. NAME AND TITLE OF DRIVER	71b. DRIVER'S SIGNATURE AND DATE
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SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN	73. DESTINATION
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74. EXACT PURPOSE OF TRIP

75. TRIP BEGAN	DATE	TIME (Circle one)	76. ACCIDENT OCCURRED	DATE	TIME (Circle one)
		a.m. p.m.			a.m. p.m.

77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)	78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
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79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)	80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED. <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
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81. COMPLETED BY DRIVER'S SUPERVISOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY b. COMMENTS
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82a. NAME AND TITLE OF SUPERVISOR	82b. SUPERVISOR'S SIGNATURE AND DATE	82c. TELEPHONE NUMBER ()
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SECTION XI - ACCIDENT INVESTIGATION DATA

DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. YES NO (If "Yes", explain below.)

84. PERSONS INTERVIEWED

NAME		DATE	NAME		DATE
a.			c.		
b.			d.		

35. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)

SECTION XII - ATTACHMENTS

LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

86. REVIEWING OFFICIAL'S COMMENTS

87. ACCIDENT INVESTIGATOR		88. ACCIDENT REVIEWING OFFICIAL	
a. SIGNATURE AND DATE		a. SIGNATURE AND DATE	
b. NAME (First, middle, last)		b. NAME (First, middle, last)	
c. TITLE		c. TITLE	
d. OFFICE		d. OFFICE	
e. OFFICE TELEPHONE NUMBER ()		e. OFFICE TELEPHONE NUMBER ()	

STATEMENT OF WITNESS

(Attach additional sheets if necessary)

1. DID YOU SEE THE ACCIDENT?

2. WHEN DID THE ACCIDENT HAPPEN?

a. TIME *a.m.* *p.m.* b. DATE

FORM APPROVED
O.M.B. NUMBER
3090-0118

3. WHERE DID THE ACCIDENT HAPPEN? (Give street location and city)

4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED

5. WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?

6. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?

7. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY

8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY

9. IF TRAFFIC CASE, GIVE APPROXIMATE SPEED OF:

a. GOVERNMENT VEHICLE
Miles per Hr.

b. OTHER VEHICLE
Miles per hr

10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THE ACCIDENT (If known)

a. NAMES

b. ADDRESSES (Include ZIP Code)

WITNESS COM-
PLETING
THIS
FORM

11. HOME ADDRESS (Include ZIP Code)

12. WITNESS (Print Name)

a. HOME TELEPHONE NO.

Sign here ▶

b. TODAY'S DATE

13. BUSINESS ADDRESS (Include ZIP Code)

TELEPHONE NO.

14. INDICATE ON THE DIAGRAM BELOW WHAT HAPPENED:

1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow

(Example: → 1 ← 2 ←)

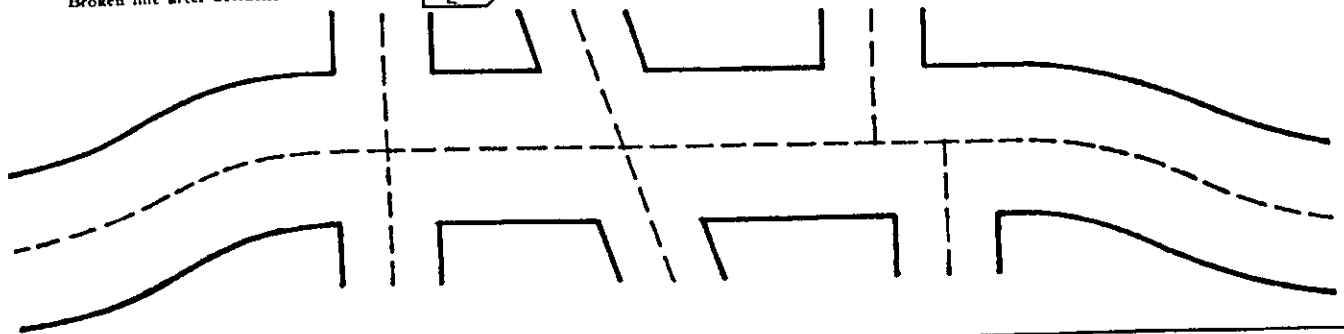
2. Use solid line to show path before accident
Broken line after accident

3. Show pedestrian by → ○

4. Show railroad by ++++++

5. Give names or numbers of streets or highways

6. Indicate north by arrow in this circle ○



FILE REFERENCE:

This office has been notified that you witnessed an accident which occurred

It will be helpful if you will answer, as fully as possible, the questions on the other side of this letter. Please read the Privacy Act Statement below.

Your courtesy in complying with this request will be appreciated. An addressed envelope, which requires no postage, is enclosed for your convenience in replying.

Sincerely

Enclosure

Use by the public is voluntary. In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as it is the first step in the Government's investigation of a motor vehicle accident. The principal purposes for which the information is intended to be used are to provide necessary data for use by legal counsel in legal actions resulting from the accident, and to provide accident information/statistics for use in analyzing accident causes and developing methods of reducing accidents. Routine use of the information may be by Federal, State or local governments or agencies, when relevant to civil, criminal, or regulatory investigations or prosecution.

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

U.S. Department of Labor
 Employment Standards Administration
 Office of Workers' Compensation Programs

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.
Witness: Complete bottom section 16.
Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

Employee Data	
1. Name of employee (Last, First, Middle)	2. Social Security Number
3. Date of birth Mo. Day Yr.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
5. Home telephone	6. Grade as of date of injury Level Step
7. Employee's home mailing address (Include city, state, and ZIP code)	8. Dependents <input type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other

Description of Injury
 9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine)

10. Date injury occurred Mo. Day Yr.	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Date of this notice Mo. Day Yr.	12. Employee's occupation
13. Cause of injury (Describe what happened and why)			

14. Nature of injury (Identify both the injury and the part of body, e.g., fracture of left leg)	a. Occupation code	
	b. Type code	c. Source code
	OWCP Use - NOI Code	

Employee Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.

b. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person, institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf _____ Date _____

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Have your supervisor complete the receipt attached to this form and return it to you for your records.

Witness Statement

16. Statement of witness (Describe what you saw, heard, or know about this injury)

Name of witness	Signature of witness	Date signed
Address	City	State ZIP Code

Form CA-1
 Rev. Apr. 1999

ENCLOSURE (7)

Official Supervisor's Report: Please complete information requested below:

Supervisor's Report

7. Agency name and address of reporting office (include city, state, and zip code)	OWCP Agency Code
	OSHA Site Code
ZIP Code	

18. Employee's duty station (Street address and ZIP code)

19. Employee's retirement coverage CSRS FERS Other, (identify)

20. Regular work hours From: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. To: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	21. Regular work schedule <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.
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22. Date of Injury Mo. Day Yr.	23. Date notice received Mo. Day Yr.	24. Date stopped work Mo. Day Yr.	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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25. Date pay stopped Mo. Day Yr.	26. Date 45 day period began Mo. Day Yr.	27. Date returned to work Mo. Day Yr.	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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28. Was employee injured in performance of duty? Yes No (If "No," explain)

29. Was injury caused by employee's willful misconduct, intoxication, or intent to injure self or another? Yes (If "Yes," explain) No

30. Was injury caused by third party? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," go to item 32.)	31. Name and address of third party (include city, state, and ZIP code)
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32. Name and address of physician first providing medical care (include city, state, ZIP code)	33. First date medical care received Mo. Day Yr.
	34. Do medical reports show employee is disabled for work? <input type="checkbox"/> Yes <input type="checkbox"/> No

35. Does your knowledge of the facts about this injury agree with statements of the employee and/or witnesses? Yes No (If "No," explain)

36. If the employing agency controverts continuation of pay, state the reason in detail.	37. Pay rate when employee stopped work \$ Per
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Signature of Supervisor and Filing Instructions

38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of supervisor (Type or print)	Date
Signature of supervisor	Office phone
Supervisor's Title	

39. Filing instructions No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D)
 No lost time, medical expense incurred or expected: forward this form to OWCP
 Lost time covered by leave, LWOP, or COP: forward this form to OWCP
 First Aid Injury

Instructions for Completing Form CA-1

Complete all items on your section of the form. If additional space is required to explain or clarify any point, attach a supplemental statement to the form. Some of the items on the form which may require further clarification are explained below.

Employee (Or person acting on the employees' behalf)

13) Cause of injury

Describe in detail how and why the injury occurred. Give appropriate details (e.g.: if you fell, how far did you fall and in what position did you land?)

14) Nature of Injury

Give a complete description of the condition(s) resulting from your injury. Specify the right or left side if applicable (e.g., fractured left leg; cut on right index finger).

15) Election of COP/Leave

If you are disabled for work as a result of this injury and filed CA-1 within thirty days of the injury, you may be entitled to receive continuation of pay (COP) from your employing agency. COP is paid for up to 45 calendar days of disability, and is not charged against sick or annual leave. If you elect sick or annual leave you may not claim compensation to repurchase leave used during the 45 days of COP entitlement.

Supervisor

At the time the form is received, complete the receipt of notice of injury and give it to the employee. In addition to completing items 17 through 39, the supervisor is responsible for obtaining the witness statement in Item 16 and for filling in the proper codes in shaded boxes a, b, and c on the front of the form. If medical expense or lost time is incurred or expected, the completed form should be sent to OWCP within 10 working days after it is received.

The supervisor should also submit any other information or evidence pertinent to the merits of this claim.

If the employing agency controverts COP, the employee should be notified and the reason for controversion explained to him or her.

17) Agency name and address of reporting office

The name and address of the office to which correspondence from OWCP should be sent (if applicable, the address of the personnel or compensation office).

18) Duty station street address and zip code

The address and zip code of the establishment where the employee actually works.

19) Employers Retirement Coverage.

Indicate which retirement system the employee is covered under.

30) Was injury caused by third party?

A third party is an individual or organization (other than the injured employee or the Federal government) who is liable for the injury. For instance, the driver of a vehicle causing an accident in which an employee is injured, the owner of a building where unsafe conditions cause an employee to fall, and a manufacturer whose defective product causes an employee's injury, could all be considered third parties to the injury.

32) Name and address of physician first providing medical care

The name and address of the physician who first provided medical care for this injury. If initial care was given by a nurse or other health professional (not a physician) in the employing agency's health unit or clinic, indicate this on a separate sheet of paper.

33) First date medical care received

The date of the first visit to the physician listed in item 31.

36) If the employing agency controverts continuation of pay, state the reason in detail.

COP may be controverted (disputed) for any reason; however, the employing agency may refuse to pay COP only if the controversion is based upon one of the nine reasons given below:

- a) The disability was not caused by a traumatic injury.
- b) The employee is a volunteer working without pay or for nominal pay, or a member of the office staff of a former President;
- c) The employee is not a citizen or a resident of the United States or Canada;
- d) The injury occurred off the employing agency's premises and the employee was not involved in official "off premise" duties;
- e) The injury was proximately caused by the employee's willful misconduct, intent to bring about injury or death to self or another person, or intoxication;
- f) The injury was not reported on Form CA-1 within 30 days following the injury;
- g) Work stoppage first occurred 45 days or more following the injury;
- h) The employee initially reported the injury after his or her employment was terminated; or
- i) The employee is enrolled in the Civil Air Patrol, Peace Corps, Youth Conservation Corps, Work Study Programs, or other similar groups.

Employing Agency - Required Codes

Box a (Occupation Code), Box b (Type Code),
Box c (Source Code), OSHA Site Code

The Occupational Safety and Health Administration (OSHA) requires all employing agencies to complete these items when reporting an injury. The proper codes may be found in OSHA Booklet 2014, "Recordkeeping and Reporting Guidelines."

OWCP Agency Code

This is a four-digit (or four digit plus two letter) code used by OWCP to identify the employing agency. The proper code may be obtained from your personnel or compensation office, or by contacting OWCP.

Form CA-1
Rev. Apr. 1999

ENCLOSURE (7)

Benefits for Employees under the Federal Employees' Compensation Act (FECA)

The FECA, which is administered by the Office of Workers' Compensation Programs (OWCP), provides the following benefits for job-related traumatic injuries:

- (1) Continuation of pay for disability resulting from traumatic, job-related injury, not to exceed 45 calendar days. (To be eligible for continuation of pay, the employee, or someone acting on his/her behalf, must file Form CA-1 within 30 days following the injury and provide medical evidence in support of disability within 10 days of submission of the CA-1. Where the employing agency continues the employee's pay, the pay must not be interrupted unless one of the provisions outlined in 20 CFR 10.222 apply.
- (2) Payment of compensation for wage loss after the expiration of COP, if disability extends beyond such point, or if COP is not payable. If disability continues after COP expires, Form CA-7, with supporting medical evidence, must be filed with OWCP. To avoid interruption of income, the form should be filed on the 40th day of the COP period.
- (3) Payment of compensation for permanent impairment of certain organs, members, or functions of the body (such as loss or loss of use of an arm or kidney, loss of vision, etc.), or for serious defringement of the head, face, or neck.

(4) Vocational rehabilitation and related services where directed by OWCP.

(5) All necessary medical care from qualified medical providers. The injured employee may choose the physician who provides initial medical care. Generally, 25 miles from the place of injury, place of employment, or employee's home is a reasonable distance to travel for medical care.

An employee may use sick or annual leave rather than LWOP while disabled. The employee may repurchase leave used for approved periods. Form CA-7b, available from the personnel office, should be studied BEFORE a decision is made to use leave.

For additional information, review the regulations governing the administration of the FECA (Code of Federal Regulations, Chapter 20, Part 10) or pamphlet CA-810.

Privacy Act

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Federal Employees' Compensation Act, as amended and extended (5 U.S.C. 8101, et seq.) (FECA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information which the Office has will be used to determine eligibility for and the amount of benefits payable under the FECA, and may be verified through computer matches or other appropriate means. (3) Information may be given to the Federal agency which employed the claimant at the time of injury in order to verify statements made, answer questions concerning the status of the claim, verify billing, and to consider issues relating to retention, rehire, or other relevant matters. (4) Information may also be given to other Federal agencies, other government entities, and to private-sector agencies and/or employers as part of rehabilitative and other return-to-work programs and services. (5) Information may be disclosed to physicians and other health care providers for use in providing treatment or medical/vocational rehabilitation, making evaluations for the Office, and for other purposes related to the medical management of the claim. (6) Information may be given to Federal, state and local agencies for law enforcement purposes, to obtain information relevant to a decision under the FECA, to determine whether benefits are being paid properly, including whether prohibited dual payments are being made, and, where appropriate, to pursue salary/administrative offset and debt collection actions required or permitted by the FECA and/or the Debt Collection Act. (7) Disclosure of the claimant's social security number (SSN) or tax identifying number (TIN) on this form is mandatory. The SSN and/or TIN, and other information maintained by the Office, may be used for identification, to support debt collection efforts carried on by the Federal government, and for other purposes required or authorized by law. (8) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision or reduced level of benefits.

Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.

Receipt of Notice of Injury

This acknowledges receipt of Notice of Injury sustained by
(Name of injured employee)

Which occurred on (Mo., Day, Yr.)

At (Location)

Signature of Official Superior Title Date (Mo., Day, Yr.)

*U.S. GPO 1999-454-845/12704