

The Adjutant General Illinois
NGIL Pamphlet 56-1

Facilities Management Office,
Agency Vehicle Coordinator

State Vehicle Use Policy

DEPARTMENTS OF THE ARMY AND AIR FORCE
OFFICE OF THE ADJUTANT GENERAL
ILLINOIS ARMY NATIONAL GUARD
1301 N. MacArthur Boulevard, Springfield, Illinois 62702-2317
25 March 2024

UNCLASSIFIED

SUMMARY of CHANGES

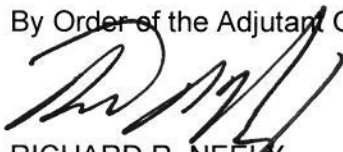
NGIL PAM 56-1
State Vehicle Use Policy

This update revises the following:

- Conversion from DMAIL 56-1 and DMAIL 77-1, dated 1 September 2010, to NGIL PAM 56-1.

State Vehicle Use Policy

By Order of the Adjutant General



RICHARD R. NEELY
Major General, ILNG
The Adjutant General

Official:

RICHARD E. MUNYER
Director, Construction and Facilities
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Supplementation. Supplements to this publication are not authorized without expressed written consent of the proponent.

Suggested improvements. Users of this publication are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) direct to NGIL-CFM-FM, 1301 N. MacArthur Boulevard, Springfield, IL 62702-2317

Distribution. A

History. This pamphlet updates outdated DMAIL Regulations. Formerly DMAIL Regulation 56-1 and DMAIL Regulation 77-1.

Summary. This pamphlet reflects a restructure of the policies covering use of state owned motor vehicles. Additionally, it provides guidance and assistance to all users of Illinois Department of Military Affairs vehicles.

Applicability. This pamphlet applies to all elements of the Illinois National Guard and Illinois Department of Military Affairs.

Proponent and exception authority.
Agency Vehicle Coordinator, Facilities Management Office

*This pamphlet supersedes NGIL PAM 56-1, dated 15 September 2023

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Chapter 1 General Information

1-1. General Information

a. This regulation reflects current policies covering use of state-owned motor vehicles that will provide guidance and assistance to Illinois Department of Military Affairs state employees and should be read and construed in accordance with CMS Vehicle, Equipment, and Driver Policy (SOP #1.02) located at <https://cms.illinois.gov/agency/vehicles/cmsvehicleusagepolicy.html>.

b. State owned motor vehicles are owned and licensed by the State of Illinois.

c. The Construction and Facilities Management Office (CFMO), located at Camp Lincoln, Springfield, Illinois, is responsible for all state-owned motor vehicles used by the Department of Military Affairs (DMA) and for all related administrative details incident to operation.

d. Agency Vehicle Coordinator. The Military Property Custodian is the agency vehicle coordinator for the DMA. The vehicle coordinator ensures compliance with all applicable State of Illinois laws, policies, and procedures.

e. Failure to comply with this policy may result in punitive actions to include but not limited to: written reprimand; financial liability; revocation of vehicle use privileges; termination of employment.

f. Users of this regulation are invited to send comments and suggested improvements, through command channels, to: TAG-IL, ATTN: Construction and Facilities Management Office, Agency Vehicle Coordinator, 1301 N. MacArthur Blvd., Springfield, IL 62702-2317.

Chapter 2 Vehicle Use

2-1. General Vehicle Use

a. State owned motor vehicles assigned to the DMA are available for use by DMA State employees in the conduct of official State of Illinois business. Federal employees will use General Services Administration (GSA) vehicles when available. However, Federal employees may utilize state owned vehicles if used in connection with official State of Illinois business with approval from The Adjutant General (TAG).

b. Individuals who operate DMA vehicles will fill out a Certification of License and Automotive Liability Coverage form (Appendix E) yearly at the beginning of the new State Fiscal Year.

c. Personnel requesting a state vehicle, for official business within the state, must submit their request to the Vehicle Coordinator, State Warehouse Building 11, 24 hours prior to departure. Requestor must complete the Vehicle Sign out Log (Appendix B) stating the exact times and dates needed.

d. Non-emergency extensions must be approved in advance. The vehicle record book and keys will be picked up from the State Warehouse Building 11 when signing for the vehicle.

e. State owned vehicles, assigned or not assigned, may be used for transportation to restaurants, shopping centers, etc., if related to performance of the user's duties.

2-2. Off-Duty Use

State owned vehicles, not assigned to a specific individual, shall not be used for transportation between place of employment and home. Exceptions include approval by the user's immediate supervisor and one or more of the following conditions are met:

a. When the individual using the vehicle has a travel assignment that begins or ends at the individual's home.

b. When the individual using the vehicle must begin or end a travel assignment outside of normal working hours.

c. When the individual using the vehicle during temporary duty status (TDY) outside of local home station needs transportation for activities required as necessary for travel i.e. food, pharmacy, dry cleaning.

2-3. Use of Personal Vehicles

In specific instances, directors may authorize an employee to use the employee's privately owned vehicle on official State of Illinois business. There must not be a state-owned vehicle available or where it is otherwise in the best interest of the state. Any compensation to an employee for such use shall be in accordance with travel regulations published by the Governor's Travel Control Board (80 Ill Admin Code Sections 3000.300(f) (2) and 2800 (Appendix A). An agency Travel Authorization form (TA-3, Appendix F) must be submitted to the DMA comptroller for approval prior to departure.

Chapter 3 Vehicle Assignment

3-1. Vehicles Assigned to the Camp Lincoln Motor Pool

Vehicles assigned to the Camp Lincoln motor pool are on the property records of State Warehouse and located at Building 11.

3-2. Vehicles Assigned to Remote Locations

a. State owned vehicles assigned to specific locations (i.e. Camp Lincoln Grounds Maintenance, Marseilles Training Center, Sparta Training Area and Maintenance Teams) will be placed on a hand receipt from DMA for that location.

b. Managers must ensure compliance with the policies and procedures outlined in this regulation to include: scheduling and performing maintenance, use of a Vehicle Sign-out Log, Vehicle Trip Tickets (see Appendices B and C) and Monthly Automotive Cost Report for individual assigned vehicles.

c. Monthly mileage reports, Vehicle Trip Tickets, Receipts and Monthly Automotive Cost Report for each vehicle must be forwarded to the Agency Vehicle Coordinator no later than the fifth calendar day of the month following the report period.

3-3. Vehicles Assigned to Individuals

a. Under certain limited criteria, state owned vehicles may be assigned to specific individuals if authorized in writing by The Adjutant General.

b. Individuals who are assigned motor vehicles are required to use a Vehicle Sign-out Log and Vehicle Trip Ticket (see Appendices B and C). However, they will be required to comply with all other policies and procedures outlined in this regulation, including the Monthly Automotive Cost Report discussed in Paragraph 3-2.c. These individuals are authorized to travel from home of record to place of employment using their assigned vehicle.

Chapter 4 Operators Responsibilities

4-1 Operators Responsibilities

Operators of state-owned motor vehicles are responsible for the following:

- a. Possession of a valid state operator's license for the vehicle classification.
- b. Use of seat belts by the operator and all passengers.
- c. Vehicle will only be used for official State of Illinois business. Out of state travel more than ten miles from the Illinois border requires written permission from the applicable director.
- d. Personal liability for parking tickets or traffic violations, and liability for towing and/or storage charges incident to those violations. The Agency Vehicle Coordinator must be given a copy of all violations within five working days of the violation.
- e. Exercise of reasonable diligence at all times in the safe and proper use of vehicles. Smoking is prohibited in all state owned and controlled vehicles.
- f. Transportation of alcohol and/or firearms is strictly prohibited.
- g. Use of hands-free devices are required in the State of Illinois. One is provided in every vehicle.
- h. Check radiator coolant and oil levels before use and each time the vehicle is refueled. Ensure the radiator is not hot prior to removing the radiator or coolant reservoir tank cap to prevent serious personal injury.
- i. Purchasing of oil and all automotive services at State of Illinois Division of Vehicle Garages and Service Stations whenever possible. Additionally, purchasing gasoline containing ethanol/E85 whenever possible.
- j. Cleaning the interior and exterior of the vehicle before returning the vehicle to Camp Lincoln. Cleaning to include: removing all trash, dirt and mud accumulations from the interior and trunk, and washing the exterior when appropriate. If need for exterior cleaning is in doubt, consult the Agency Vehicle Coordinator at the State Warehouse building number 11, (217) 761-3982.
- k. Commercial car wash facilities can be used as an alternative. Vacuums and cleaning equipment are available in the State Warehouse Building 11. If vehicle is returned after normal work hours, services must be performed the morning of the next workday.
- l. Obtaining approval for extensive repairs of an emergency nature (exceeding amount listed on back of credit card) through the Agency Vehicle Coordinator, (217) 761-3982 during duty hours. After duty hours, call the number listed on the Central Management Services garage location map located in the vehicle glove compartment.
- m. Promptly reporting defective odometer and estimating interim mileage data.

n. Transporting non-State of Illinois employees only on official State of Illinois business when approved by the TAG.

o. In case of accident, timely preparation and submission of all required forms, including those required by state, county and municipal authorities, to the Agency Vehicle Coordinator, Department of Military Affairs, CFMO, 1301 N. MacArthur Blvd., Springfield, IL 62702-2399. Information for the Vehicle Coordinator must be submitted within five days of the incident. Report all accidents to the ILARNG Joint Operations Center ASAP using the Serious Incident Reporting process. Report accidents to the State Safety and Occupational Health Office (NGIL-SAO-SOH) within 24 hours of the incident or on the next business day.

p. A vehicle operator's instruction booklet is located in the glove compartment of each state-owned vehicle. Operators are responsible for complying with instructions contained in the booklet. Additional copies of the booklet may be obtained from the Agency Vehicle Coordinator.

4-2 Use of Vehicle Credit Cards

General Provisions:

a. A credit card is issued for each vehicle owned or leased by the State of Illinois. The credit card is to remain in the vehicle record book at all times.

b. The credit card must be used for each purchase of products or services for state vehicles. A credit card assigned to a particular state vehicle shall not be used for purchasing products or services for another vehicle.

c. Located in the vehicle glove compartment is a list of commercial oil companies honoring State of Illinois credit cards.

d. The vehicle operator should review the ticket or invoice for accuracy and place the customer copy of the charge ticket in the vehicle record folder.

e. A Monthly Automotive Cost Report for vehicles covered in paragraphs 3-2.c and all charge tickets for those vehicles shall be sent directly to: Department of Military Affairs, CFMO, Attention: Agency Vehicle Coordinator, 1301 N. MacArthur Blvd., Springfield, IL 62702-2399. Reports and charge tickets are due not later than the fifth calendar day of the month following the report period.

4-3. Wright Express Credit Card

The Wright Express Credit Card can only be used for the following:

a. The card is valid only for the state-owned vehicle bearing the license plate number or equipment number shown on the front of the card.

b. The card authorizes purchase of fuel, oil, oil changes, lubrication and washing.

c. Minor mechanical repairs not exceeding \$250 per day, should be charged to the card in emergencies.

(1) Supplies and services, whenever possible, shall be purchased from state owned facilities. A list of state-owned service facilities is located in the vehicle glove compartment.

(2) Unauthorized use of the credit card will be prosecuted to the fullest extent of the law. Lost, stolen or damaged credit cards must be reported to the Agency Vehicle Coordinator as soon as possible.

d. In the event that charges are made with other than the Wright Express Credit Card, a report must be filed within five calendar days to the Agency Vehicle Coordinator stating the following information:

- (1) The date and place of service and the exact nature and cost of service.
- (2) The reason necessitating payment by means other than the authorized credit card.
- (3) A legible copy of the invoice for services and or supplies received.

Chapter 5 Insurance Coverage and Accident Reporting Procedures

5-1. Insurance Coverage

Insurance coverage under the State of Illinois Self-Insured Motor Vehicle Liability Plan is applicable to all state government employees, including members of the Illinois National Guard on State Active Duty. Federal technicians are not covered under this Self-Insured Motor Vehicle Liability Plan. Employees authorized to operate their privately owned vehicle while on official State of Illinois business must have the minimum private insurance liability coverage under Illinois State Law. Amounts required by the Illinois Motor Vehicle Code are \$15,000 property damage claims and \$20,000 per person in bodily injury claims up to a total of \$40,000.

5-2. Accident Reporting Procedures

a. The reporting requirements of this regulation are separate from and in addition to reports and documents required by AR 385-10, DA PAM 385-40, NGIL Reg 27-20 and/or any other regulations.

b. If an accident involves a state-owned vehicle, the operator must comply with all procedures listed in this paragraph. This includes any vehicle being used on official business, such as a private vehicle or rental vehicle. Private insurance carriers must also be notified for private or rental vehicles. Report all accidents to the ILARNG Joint Operations Center ASAP using the Serious Incident Reporting process. Report accidents to the State Safety and Occupational Health Office (NGIL-SAO-SOH) within 24 hours of the incident or on the next business day.

(1) Completion of an "Illinois Motorist Report," Form SR-1B. Forms are located in vehicle glove compartments, furnished by a police officer, or from the Agency Vehicle Coordinator. Enter the names, addresses and policy numbers of other parties' insurance companies in an available space on the form.

(2) Completion of a Risk Management Cover Letter (Appendix D). Forms are available in the glove compartment of each vehicle or from the Agency Vehicle Coordinator.

(3) Obtaining a copy of the official "Illinois Motorist Report" Form SR-1B from the police department that initiated the report.

(4) Within five calendar days from the date of the accident, one copy of each of the reports listed in this paragraph, must be sent directly to the address below:

Department of Military Affairs
Construction and Facilities Management Office
Attention: Agency Vehicle Coordinator
1301 N. MacArthur Blvd., Springfield, IL 62702-2317

(5) That report will be forwarded to the CMS Plan Administrator for the Auto Liability Program within seven calendar days of the accident to the address below:

Central Management Services Plan Administrator
Risk Management Division, Auto Liability Program,
801 S. 7th Street, P.O. Box 19208, Springfield, IL 62794-9208

(6) If the operator is unable to complete the reports as required, their supervisor must complete and submit the reports. Do not delay submission of required reports when official police reports are not available. Once received, forward the police report to the Agency Vehicle Coordinator.

c. Upon receipt of the accident reports the Agency Vehicle Coordinator will make distribution to all required offices.

d. Listed below are accidents that require an immediate telephonic report. Reports must be made to the Agency Vehicle Coordinator, telephone (217) 761-3982 during duty hours, or to the Chief of Facility Management cell phone at (217) 761-7844, during non-duty hours.

(1) Any accident involving personal injury or death.

(2) Any accident involving heavy property damage where any vehicle must be towed from the scene.

(3) Any accident where the state vehicle rear-ends another vehicle.

(4) Any accident involving a pedestrian or cyclist.

e. Telephone calls made in accordance with the above instructions does not relieve anyone of the responsibility for completion and forwarding the written reports.

Chapter 6 Vehicle Repairs and Maintenance

6-1. During Normal Business Hours

During Normal business hours (0800-1630).

a. If the need for maintenance or a breakdown is within 25 miles of the Springfield area, the user will call the Agency Vehicle Coordinator for instructions, telephone (217) 761-3982.

b. A list by county of private towing companies has been provided in the vehicle glove compartment in case the Agency Vehicle Coordinator, garage foreman or traveling mechanic is unable to be contacted.

6-2. During After Business Hours

During after business hours (1631-0759).

a. Follow the procedures listed in the Vehicle Operator's Manual found in the vehicle glove compartment. Notify the nearest state garage supervisor. The location map found

in the vehicle glove compartment lists telephone numbers of Central Management Service's garages.

b. A list by county of private towing companies has been provided in the vehicle glove compartment in case the state garage foreman or traveling mechanic is unable to be contacted.

Chapter 7

State Active-Duty Procedures

7-1. Procedures

During State Active duty, members of the Illinois National Guard must follow the Procedures in this regulation except as modified:

a. GSA, MTOE and TDA vehicles and equipment used for State Active-Duty purposes are not controlled or maintained under state procedures. Reporting, dispatching, licensing, maintenance and recovery procedures are covered in applicable GSA, DA and NGIL regulations, and TMs.

b. During State Active Duty, special state credit cards are issued by the Command Logistics Office/G4 or Military Support Office of the Plans Operations and Training Directorate in Springfield, Illinois, (217)-761-3755. These credit cards are not specific to an individual vehicle or piece of equipment. The vehicle number, unit and the operator's name must be clearly printed in an available space on the credit card charge ticket. The DMAs Comptroller and State Active-Duty Command Headquarters will provide additional instructions and procedures for the collection of charge tickets.

c. All accident reporting procedures in this regulation are applicable. Accident reports and safety reports required by applicable GSA, DA and NGIL regulations must be completed and forwarded through proper command channels in addition to any listed in this regulation.

Appendix A
References

List of State of Illinois references, NGIL regulations and U.S. Army regulations utilized in conjunction with this document.

NGIL Regulation 27-20

Legal Services, Claims Against or in Favor of the U.S. Arising from National Guard Activities, 30 August 2012

AR 385-10

The Army Safety and Occupational Health Program, 24 July 2023

CMS Vehicle, Equipment and Driver Policy

SOP #1.02, October 2020

DA PAM 385-40

Army Mishap Investigations and Reporting, 24 July 2023

Governor's Travel Control Board, Title 80, CH IV, Sec. 3000.300

Modes of Transportation, 22 March 2013

Illinois Administrative Code, Title 44, CH. I, Sec. 5040

State Vehicles and Garage, 25 July 2014

Illinois Administrative Code, Title 80, CH. V, Sec. 3100

Auto Liability, 23 May 2013

State Vehicle Use Policy

30 ILCS 617/

Appendix D Auto Liability Uniform Cover Letter

DO NOT ALTER THE FORMAT OF THIS DOCUMENT

AUTO LIABILITY UNIFORM COVER LETTER

TO: RISK MANAGEMENT/AUTO LIABILITY, 201 East Madison, Ste. 3C, Springfield, IL 62794 FROM: NAME:
 AGENCY: PHONE: DATE:
 RE: INITIAL REPORT OF VEHICLE ACCIDENT * DENOTES CMS USE ONLY
 RECEIVED WITHOUT THIS REQUIRED INFORMATION CLAIM CANNOT BE CONSIDERED AS

STATE DRIVER'S SOCIAL SECURITY #: _____ AGENCY/DIV CODE (FIVE DIGIT #): _____
 DEPT FILE NO: _____
 STATE DRIVER'S NAME: _____ WORK PHONE: _____
 STATE DRIVER'S HOME ADDRESS: _____ HOME PHONE: _____
 STATE DRIVER'S CITY: _____ STATE: _____ ZIP: _____
 ACCIDENT DATE: _____ *DATE RECEIVED BY CMS _____

WAS STATE DRIVER IN THE COURSE OF EMPLOYMENT: yes _____ no _____
 LICENSE # ON VEHICLE _____
 DOES CLAIM INVOLVE: Property damage: y/n _____ Bodily injury: y/n _____ Wrongful death: y/n _____ DUI: y/n _____
 ACCIDENT STATE: _____ CITY: _____

STREET 1: _____ STREET 2: _____

WAS STATE DRIVER TICKETED: yes no (if yes - describe) _____
 IS VEHICLE OWNED BY: STATE /EMPLOYEE /RENTAL CO /OTHER: (circle one)
 DESCRIBE WHAT HAPPENED: _____

OTHER OWNER/DRIVER INFORMATION

DRIVER'S NAME _____ HOME PHONE: _____
 STREET: _____ WORK PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____

OWNER (IF OTHER THAN DRIVER): _____ HOME PHONE: _____
 STREET: _____ WORK PHONE: _____
 CITY: _____ STATE: _____ ZIP: _____

AUTO: YR: _____ MAKE: _____ MODEL: _____
 VIN: (if known) _____ LIC: _____

PASSENGER INFORMATION

PASSENGER NAME: _____ PHONE: _____ HOME PHONE: _____ WORK _____
 PASSENGER _____ STREET: _____
 PASSENGER CITY: _____
 STATE VEH _____ WAS _____ PASSENGER _____ IN: _____
 OTHER VEH (CIRCLE CHOICE)
 STATE VEHICLE DAMAGE: _____ EXPECTED RECOVERY _____

COVER LETTER WITH SR -1 **MUST BE REPORTED TO CMS WITHIN 7 CALENDAR DAYS AFTER ACCIDENT**
 IL401-1579 revised 3/99

**Appendix E
Certification of License and Automotive Liability Coverage Form**

CERTIFICATION OF LICENSE AND AUTOMOTIVE LIABILITY COVERAGE

I, _____, AS AN EMPLOYEE OF THE ILLINOIS DEPARTMENT OF MILITARY AFFAIRS, DO HEREBY CERTIFY THAT I HAVE BEEN DULY LICENSED TO DRIVE AN AUTOMOBILE BY THE ILLINOIS SECRETARY OF STATE, AND THAT I HAVE IN EFFECT AND WILL MAINTAIN AUTOMOBILE LIABILITY COVERAGE ON MY PERSONAL VEHICLE IN THE FORM OF INSURANCE, OR A BOND FILED WITH THE ILLINOIS SECRETARY OF STATE AS PROOF OF FINANCIAL RESPONSIBILITY, IN AN AMOUNT EQUAL TO, OR IN EXCESS OF THE FOLLOWING:

- * NOT LESS THAN \$20,000 BECAUSE OF BODILY INJURY TO OR DEATH OF ANY PERSON IN ANY ONE MOTOR VEHICLE ACCIDENT.
- * NOT LESS THAN \$40,000 BECAUSE OF BODILY INJURY TO OR DEATH OF TWO OR MORE PERSONS IN ANY ONE MOTOR VEHICLE ACCIDENT.
- * NOT LESS THAN \$15,000 BECAUSE OF INJURY TO OR DESTRUCTION OF PROPERTY OF OTHERS IN ANY ONE MOTOR VEHICLE ACCIDENT.

I FURTHER AGREE TO NOTIFY MY SUPERVISOR IN THE EVENT MY ILLINOIS DRIVERS LICENSE IS REVOKED OR SUSPENDED OR IF I FAIL TO HAVE IN EFFECT AUTOMOBILE LIABILITY COVERAGE AS STATED ABOVE.

EMPLOYEE SIGNATURE

DATE

I, _____, AM UNWILLING OR UNABLE TO CERTIFY THAT I AM A DULY LICENSED DRIVER OR THAT I HAVE AUTOMOBILE LIABILITY COVERAGE IN AN AMOUNT EQUAL TO OR IN EXCESS OF THE AMOUNTS STATED ABOVE. I ACKNOWLEDGE THAT I AM NOT AUTHORIZED TO USE MY PERSONAL VEHICLE ON OFFICIAL STATE BUSINESS NOR RECEIVE REIMBURSEMENT FOR SUCH USE. I AGREE TO NOTIFY MY SUPERVISOR THAT I HAVE NOT CERTIFIED I AM A DULY LICENSED DRIVER OR HAVE IN EFFECT THE MINIMUM AMOUNTS OF AUTOMOBILE LIABILITY COVERAGE AS LISTED ABOVE.

EMPLOYEE SIGNATURE

**APPENDIX F
Travel Authorization Form, TA-3**

REQUEST FOR TRAVEL AUTHORIZATION

FORM TA-3

DATE _____
 NAME _____ TITLE _____
 SOCIAL SECURITY NUMBER _____
 UNIT OF ASSIGNMENT/DIVISION _____
 UMD/TDA/TOE ASSIGNMENT _____
 HOME ADDRESS _____ DESTINATION _____

Purpose of trip (indicate destination and explain fully the necessity of making the trip):

Amount Required: Transportation – (Travel by privately owned conveyance will be approved only under provisions of Chapt. 3, par 3-6, MNIL Reg 55-1/MNIL ANG Reg 76-1)

	Amount
State or Federal Vehicle (x out one or both)	
Private Vehicle – No. of Miles _____	_____
Commercial Transportation – Type _____	_____
Lodging – Nites _____ Rate _____	_____
Per Diem – No. of Qtrs. _____	_____
Living Expenses-B _____ L _____ D _____	_____
Other Expenses (Specify each) _____	_____
Total Estimated Cost of Trip	_____

Date of Departure _____ Days necessary to accomplish purpose _____

Approved _____
(Traveler)

Approved _____
(Supervisor/Bde/Bn Commander)

Approved _____
(Head of Department, Board, Commission or Agency)

Cross Reference _____ Voucher Nos. _____

APPENDIX G

Illinois Motorist Report SR1B (1 of 2)

COMPLETE BOTH SIDES OF THIS FORM Use black ink

ILLINOIS MOTORIST REPORT

Illinois Department of Transportation
 Crash Records Section
 200 South LaSalle Avenue, Room 505
 Springfield, Illinois 62760

For a copy of the Police Report contact the investigating agency.

INVESTIGATING AGENCY _____

DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY
 \$500 OR LESS
 \$501 - \$1,500
 OVER \$1,500

TYPE OF REPORT
 ON SCENE
 NOT ON SCENE (DESK REPORT)
 AMENDED

A No Injury / Drive-Away
 B Injury and / or Tow Due To Crash

AGENCY CRASH REPORT NO. _____

ADDRESS NO. _____ **HIGHWAY or STREET NAME** _____ **CITY** _____ **TOWNSHIP** _____ **INTERSECTION RELATED** Y N

PT / M N E S W **COUNTY** _____ **DATE OF CRASH** _____ **TIME** _____ **AM** **PM**

AT INTERSECTION WITH _____ (NAME OF INTERSECTION OR ROAD FEATURE) _____ **PRIVATE PROPERTY** Y N **DOORING WITH PEDESTAL CYCLIST** Y N

DATE OF BIRTH _____ **MAKE** _____ **MODEL** _____ **YEAR** _____ **CIRCLE NUMBER(S) FOR DAMAGED AREA(S)**
 DD - NONE
 13 - UNDER CARRIAGE
 14 - TOTAL (ALL)
 15 - OTHER
 99 - UNKNOWN
 POINT OF FIRST CONTACT _____

NAME (LAST, FIRST, MI) _____ **SEX** M F **HAIR** _____ **LEVEL IN VEH.** _____ **LEVEL ENGAGED AT CRASH** _____ **TOOK VEH. TO CRASH** Y N

STREET ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____ **PLATE NO.** _____ **STATE** _____ **YEAR** _____ **INSURANCE CO.** _____ **EXPIRED** Y N

TELEPHONE _____ **DRIVER LICENSE NO.** _____ **STATE** _____ **CLASS** _____ **CDL ID** _____ **VIN** _____ **INSURANCE CO.** _____ **EXPIRED** Y N

EMS AGENCY _____ **PEDEV** _____ **PPA** _____ **PFL** _____ **VEHICLE OWNER (LAST, FIRST, MI)** _____ **POLICY NUMBER** _____

HOSPITAL (TAKEN TO) _____ **INCIDENT RESPONDER** Y N **IF Y** _____ **OWNER STREET, CITY, STATE, ZIP** _____ **PHONE NUMBER** _____

NAME (LAST, FIRST, MI) _____ **SEX** M F **HAIR** _____ **LEVEL IN VEH.** _____ **LEVEL ENGAGED AT CRASH** _____ **TOOK VEH. TO CRASH** Y N

STREET ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____ **PLATE NO.** _____ **STATE** _____ **YEAR** _____ **INSURANCE CO.** _____ **EXPIRED** Y N

TELEPHONE _____ **DRIVER LICENSE NO.** _____ **STATE** _____ **CLASS** _____ **CDL ID** _____ **VIN** _____ **INSURANCE CO.** _____ **EXPIRED** Y N

EMS AGENCY _____ **PEDEV** _____ **PPA** _____ **PFL** _____ **VEHICLE OWNER (LAST, FIRST, MI)** _____ **POLICY NUMBER** _____

HOSPITAL (TAKEN TO) _____ **INCIDENT RESPONDER** Y N **IF Y** _____ **OWNER STREET, CITY, STATE, ZIP** _____ **PHONE NUMBER** _____

Was driver (owner) of other vehicle insured? YES NO NOT KNOWN
 Were you driving a vehicle owned by your employer, in the course of your employment? If yes, check square.
DID POLICE OFFICER INVESTIGATE ACCIDENT? YES NO **APPROXIMATE COST TO REPAIR YOUR VEHICLE \$** _____

YOUR INSURANCE
 If you fail to give full information below it will be assumed that you did not have automobile liability insurance, and you may be subject to further application of the Safety Responsibility Law.
 Were you covered by a liability insurance policy at the time of the crash? YES NO
 Full name of your insurance company (not agency) which issued policy to cover liability for damages or injury to others: _____
 Name and address of representative who sold policy: _____
 Policy Number: _____
 Policy Period From: _____ To: _____
 Name of Policy Holder: _____

OTHER PERSONS KILLED OR INJURED

NAME	UNIT	AGE	SEX	ADDRESS
DESCRIBE INJURIES				
NAME				ADDRESS
DESCRIBE INJURIES				
NAME				ADDRESS
DESCRIBE INJURIES				

DESCRIBE DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES _____ **APPROXIMATE COST TO REPAIR** _____ **PROPERTY OWNER'S NAME** _____
 _____ **PROPERTY OWNER'S ADDRESS** _____

SIGN HERE _____ **ADDRESS** _____ **DATE** _____

Signature of person filing report _____ **COMPLETE BOTH SIDES OF THIS FORM**

YOUR INSURANCE (Barcode area) *M0119*

