



Version	Date	Author	Description of Change
1.1	3/19/12	[REDACTED]	Follows 2-year review cycle. Updated 1.0 References. Added Defensive Drivers Training reqmts under Sec 3.1 for Service Vehicle Coordinator and Sec 3.1 and 3.2.3 for Operators/Users.
1.2	3/11/14	[REDACTED]	Follows 2-year review cycle. No content changes.

**USGS EROS ADMINISTRATIVE PROCEDURE**

**COORDINATION:**

[REDACTED]

EROS Director      Deputy Director      Administrative Officer

**SUBJECT / TITLE:**      Motor Vehicle Management Procedure

**DATE:**      March 11, 2014

**VOL / INDEX #:**      EROS-GEN-13

**PREPARED BY:**      **Copies will be provided to:**  
[REDACTED]

Preparer      Date      Supervisor      Date

**OTHER COORDINATION:**      GS-N-EDC Federal Employees  
CORs distribute to contracts.

**STATUS:**       Permanent  
                   Temporary

**EXPIRATION DATE:**      March 10, 2016

**PROCEDURE / MEMO:**       Original  
   Supersedes (Motor Vehicle Management Procedure,  
  3-19-12, EROS-GEN-13, v1.1)

**ATTACHMENT TO:**      N/A

**PURPOSE:**      To describe EROS procedure for the use of Government  
                                  owned or leased motor vehicles for official Government  
                                  business.

**UTILIZATION:**       Daily,  Weekly,  Monthly,  Other

**TEXT:**      The procedure follows on the next page.

## 1.0 References.

- U.S. General Service Administration - Guide to Federal Fleet Management at URL <http://www.gsa.gov/portal/content/102943>
- Department of Interior Motor Vehicle Management Handbook at URL <http://www.doi.gov/pam/MVHandbook408.pdf>

## 2.0 Purpose.

This procedure establishes guidelines for the utilization of Government owned or leased motor vehicles for official Government business ONLY. All personnel at the USGS EROS facility shall follow this procedure concerning Government owned or leased motor vehicles.

## 3.0 Procedures.

### 3.1 Roles and Responsibilities.

**Facility Manager.** The Facility Manager is the designated vehicle transportation approving official. The Facility Manager and designees are responsible for management of the Motor Vehicle Management Program at this facility.

**Service Vehicle Coordinator.** The Service Vehicle Coordinator is responsible to communicate the requirements of the Motor Vehicle Management Program to employees, as needed in administering the Program, to ensure that all vehicle operators/users follow established guidelines for official vehicle use. The Service Vehicle Coordinator will manage required training programs and validate operator training prior to scheduling vehicle usage for personnel. The Service Vehicle Coordinator will compile all monthly reports and file them appropriately.

**Supervisors.** Government and contractor supervisors are responsible for requesting authorization for their employees to operate Government motor vehicles and to verify annually that the employee has a valid state operator permit or license.

**Vehicle Operators/Users.** All Government and contractor personnel operating a Government owned or leased motor vehicle, for official purposes, must have in their possession, a valid State motor vehicle operator permit or license issued for the area in which the employee is principally employed or in which the employee resides. Operators must complete a Defensive Driving On-Line Course at least once every three years. A full explanation of vehicle user/operator responsibilities on vehicle operation is outlined herein under Section 3.2.3.

### 3.2 Process.

- 3.2.1 Operators/User will request the use of a vehicle by e-mailing or calling the Service Vehicle Coordinator as soon as the need is apparent. Vehicles will be dispatched and keys issued at the Employee Entrance Security Office.
- 3.2.2 The vehicle log book will be located in each vehicle and contain the following:
- Voyager Fleet Card (GSA)/Fleet Card (Station Owned)
  - EROS Vehicle Daily/Monthly Use Log
  - Standard Form 91, Motor Vehicle Accident Report
  - Standard Form 94 Statement of Witness Form
  - Credit Card Receipt File. Note: The credit card must be in the Vehicle Log Book and secured in the vehicle at all times. The credit card is to be used only for fueling and minor repair purchases for official Government use only.
- 3.2.3 Operators/Users are responsible for the following:
- Possessing a valid State driver's license and a good driving record as verified through the National Drivers Registry. Government owned or leased motor vehicles shall be used for official purpose ONLY. Only Government employees and personnel recognized under Government contracts authorizing use of Government vehicles may drive a Government vehicle. Operators are responsible at all times for proper security of the vehicle and shall exercise special care to keep keys in their personal possession and secure U.S. Government Credit Cards at all times. Every precaution shall be exercised to prevent accidents. All personnel, Government or contract that willfully uses or authorizes the use of a Government vehicle for other than official business will be referred to Human Resources for Government Employees or the appropriate COR/COTR for Contractor Personnel for appropriate action.
  - Complete Defensive Driving On-Line Course at least once every three years. Defensive Driving On-Line Course can be found in DOI Learn Course Code OLT\_Skillsoft\_7813.
    - Personnel will forward a copy of their Training Certificate to the Service Vehicle Coordinator upon completion.
    - Personnel will complete training prior to authorization to reserve Fleet Vehicles.
  - Transport of materials and equipment will be done only in accordance with all applicable local, State or Federal laws and regulations.
  - Maintain medical and physical fitness to operate a Government vehicle.

- Drivers who receive moving violations while operating a Government vehicle will be required to pay the citation fee. The first offense will result in documented counseling from his/her supervisor. Further violations will be referred for appropriate action to Human Resources for Government employees and to the appropriate COR/COTR for contract personnel.
- Operators/users are responsible at all times to perform maintenance/safety checks prior to uses, such as ensuring proper fluid levels, correct tire air pressure, lights functionality, and cleanliness of vehicle. Vehicle operations deficiencies will be reported immediately to the Service Vehicle Coordinator for attention. The vehicle will not be operated further until all serious deficiencies are corrected.
- Vehicles requiring minor service such as a quart of oil, washer fluid, etc may purchase those on the GSA Fleet card as outlined in the instruction of the GSA Vehicle Log Book. Expenses for items outside of normal use, such as tire replacement or repair, mechanical problems, etc., must contact GSA at 1-866-400-0411 for pre-authorization before repair work is completed.
- Care will be taken to conserve fuel in the operation of vehicles, as well as precautions taken against waste in dispensing fuel.
- Safe, legal and efficient use of the vehicle including use of seatbelts for all occupants at all times. There will be no smoking in vehicles. In addition, all practical energy conserving methods of vehicle operations should be utilized, such as observing lower speed limits. Drivers will not use cell phones while the vehicle is in motion.
- Operators/Users will immediately report all motor vehicle accidents to nearest local law enforcement agency, EROS Service Vehicle Coordinator, and to their supervisor. The motor vehicle operator will complete a Standard Form 91 (Motor Vehicle Accident Report) and Standard Form 94 (Statement of Witness). Note: When in an accident NEVER admit fault and NEVER give own personal insurance. Authorized investigating officials will determine fault. Government vehicles do not require proof of insurance since the Government is self-insured.
- Operators will complete the EROS Motor Vehicle Monthly/Daily Use Log, place all gas receipts in the Vehicle Log Book, and return the keys to the Security Office next to the employee entrance when finished with the vehicle. Vehicles will be returned in good operating condition; all trash removed and the vehicle shall be returned with no less than ½ tank of fuel.

#### 4.0 Appendices.

Appendix 1. EROS Vehicle Daily/Monthly Use Log, 1 page.

Appendix 2. Standard Form 91, Motor Vehicle Accident Report, 4 pages.

Appendix 3. Standard Form 94, Statement of Witness Form, 1 page.





Appendix 2. (page 1 of 4) Standard Form 91 Motor Vehicle Accident Report.

<b>MOTOR VEHICLE ACCIDENT REPORT</b>		Please read the Privacy Act Statement on Page 3		INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, items 72 thru 82c are filled on by the operator's supervisor. Section XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.			
<b>SECTION I - FEDERAL VEHICLE DATA</b>							
1. DRIVER'S NAME (Last, first, middle)				2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		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							
<b>SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed)</b>							
12. DRIVER'S NAME (Last, first, middle)				13. SOCIAL SECURITY NO./ TAX IDENTIFICATION NO.	14. DRIVER'S LICENSE NO./STATE/LIMITATIONS		
15a. DRIVER'S WORK ADDRESS						15b. WORK TELEPHONE NUMBER ( )	
16a. DRIVER'S HOME ADDRESS						16b. HOME TELEPHONE NUMBER ( )	
17. DESCRIPTION OF VEHICLE DAMAGE						18. ESTIMATED REPAIR COST \$	
19. YEAR OF VEHICLE		20. MAKE OF VEHICLE		21. MODEL OF VEHICLE		22. TAG NUMBER AND STATE	
23a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS						23b. POLICY NUMBER	
						23c. TELEPHONE NUMBER ( )	
24. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED				25a. OWNER'S NAME(S) (Last, first, middle)		25b. TELEPHONE NUMBER ( )	
26. OWNER'S ADDRESS(ES)							
<b>SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed)</b>							
27. NAME (Last, first, middle)						28. SEX	29. DATE OF BIRTH
30. ADDRESS							
A 31. 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		32. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	33. LOCATION IN VEHICLE		34. FIRST AID GIVEN BY		
35. TRANSPORTED BY				36. TRANSPORTED TO			
37. NAME (Last, first, middle)						38. SEX	39. DATE OF BIRTH
40. ADDRESS							
B 41. 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		42. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	43. LOCATION IN VEHICLE		44. FIRST AID GIVEN BY		
45. TRANSPORTED BY				46. TRANSPORTED TO			
47. Pedestrian				b. 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.)							

NSN 7540-00-634-4041  
Previous edition not usable

STANDARD FORM 91 (REV. 2/2004)  
Prescribed by GSA-FMR 102-34.295

## Appendix 2. (page 2 of 4) Standard Form 91 Motor Vehicle Accident Report.

SECTION IV - ACCIDENT TIME AND LOCATION <i>(Use Section VIII if additional space is needed.)</i>																													
48. DATE OF ACCIDENT	49. PLACE OF ACCIDENT <i>(Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).</i>																												
50. TIME OF ACCIDENT	AM PM																												
51. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED		52. POINT OF IMPACT <i>(Check one for each vehicle)</i>																											
<p><i>Use one of these outlines to sketch the scene. Write in street or highway names or numbers.</i></p> <p>a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow</p> <p>Example: </p> <p>b. Use solid line to show path before accident and broken line after the accident </p> <p>c. Show pedestrian by </p> <p>d. Show railroad by ++++++ </p> <p>e. Place arrow in this circle to indicate NORTH </p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FED</th> <th style="width: 10%;">2</th> <th style="width: 80%;">AREA</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td>a. Front</td></tr> <tr><td> </td><td> </td><td>b. R. Front</td></tr> <tr><td> </td><td> </td><td>c. L. Front</td></tr> <tr><td> </td><td> </td><td>d. Rear</td></tr> <tr><td> </td><td> </td><td>e. R. Rear</td></tr> <tr><td> </td><td> </td><td>f. L. Rear</td></tr> <tr><td> </td><td> </td><td>g. R. Side</td></tr> <tr><td> </td><td> </td><td>h. L. Side</td></tr> </tbody> </table>	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
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																											
53. DESCRIBE WHAT HAPPENED <i>(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.)</i>																													

SECTION V - WITNESS/PASSENGER <i>(Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)</i>		
A 54. NAME <i>(Last, first, middle)</i>	55. WORK TELEPHONE NUMBER ( )	56. HOME TELEPHONE NUMBER ( )
57. WORK ADDRESS	58. HOME ADDRESS	
B 59. NAME <i>(Last, first, middle)</i>	60. WORK TELEPHONE NUMBER ( )	61. HOME TELEPHONE NUMBER ( )
62. WORK ADDRESS	63. HOME ADDRESS	
SECTION VI - PROPERTY DAMAGE <i>(Use Section VIII if additional space is needed.)</i>		
64a. NAME OF OWNER <i>(Last, first, middle)</i>	64b. WORK TELEPHONE NUMBER ( )	64c. HOME TELEPHONE NUMBER ( )
64d. WORK ADDRESS	64e. HOME ADDRESS	
65a. NAME OF INSURANCE COMPANY	65b. TELEPHONE NUMBER ( )	65c. POLICY NUMBER
66. ITEM DAMAGED	67. LOCATION OF DAMAGED ITEM	68. ESTIMATED COST
SECTION VII - POLICE INFORMATION		
69a. NAME OF POLICE OFFICER	69b. BADGE NUMBER	69c. TELEPHONE NUMBER ( )
70. PRECINCT OR HEADQUARTERS	71a. PERSON CHARGED WITH ACCIDENT	71b. VIOLATION(S)



Appendix 2. (page 3 of 4) Standard Form 91 Motor Vehicle Accident Report.

SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

PRIVACY ACT STATEMENT

The information on this form is subject to the Privacy Act of 1974 (5 U.S.C. section 552a). Authority to collect the information is Title 40 U.S.C. Section 491 and title 31 U.S.C. Section 7701. The information is required by Federal Government agencies to administer motor vehicle programs, including maintaining records on accidents involving privately owned and Federal fleet vehicles, and collecting accident claims resulting from accidents. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of Personnel Management and the General Accounting Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Departments of Treasury and Justice, or a court under judicial proceedings; agency Inspectors General in conducting audits; private insurance and collection agencies (including agencies under contract to Treasury to collect debt), and to other agency finance offices for fiscal management and debt collection. Furnishing the requested information is mandatory, including the Social Security Number or Taxpayer's Identification Number (TIN) for use as a unique identifier to ensure accurate identification of individuals or firms in the system.

SECTION IX - FEDERAL DRIVER CERTIFICATION

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

72a. NAME AND TITLE OF DRIVER | 72b. DRIVER'S SIGNATURE AND DATE

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

73. ORIGIN | 74. DESTINATION

75. EXACT PURPOSE OF TRIP

76. TRIP BEGAN | DATE | TIME (Include AM or PM) | 77. ACCIDENT OCCURRED | DATE | TIME (Include AM or PM)

78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR | 79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE?

80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS? | 81. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED?

82. COMPLETED BY DRIVER'S SUPERVISOR | a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY | b. COMMENTS

83a. NAME AND TITLE OF SUPERVISOR | 83b. SUPERVISOR'S SIGNATURE AND DATE | 83c. TELEPHONE NUMBER



Appendix 2. (page 4 of 4) Standard Form 91 Motor Vehicle Accident Report.

SECTION XI - ACCIDENT INVESTIGATION DATA

84. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION.  NO  YES (If checked, explain below.)

85. PERSONS INTERVIEWED

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

86. ADDITIONAL COMMENTS (Indicate section and item number of each comment).

SECTION XII - ATTACHMENTS

87. LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

88. REVIEWING OFFICIAL'S COMMENTS

89. ACCIDENT INVESTIGATOR			90. ACCIDENT REVIEWING OFFICIAL		
a. SIGNATURE	b. DATE		a. SIGNATURE	b. DATE	
c. NAME (First, middle, last)			c. NAME (First, middle, last)		
d. TITLE			d. TITLE		
e. OFFICE			e. OFFICE		
f. OFFICE TELEPHONE NUMBER			OFFICE TELEPHONE NUMBER		
AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION

