

STANDARD OPERATION PROCEDURES

AGENCY OWNED MOTOR VEHICLES

20 Dec 13

AGENCY TRANSPORTATION ADMINISTRATOR (ATA):

The (ATA) is responsible for authorizing agency employees and other authorized drivers of state owned vehicles to obtain rental vehicles and deciding whether to allow an employee to park a state owned vehicle at his or her home on an occasional basis, in accordance with the criteria set forth in this policy and any applicable collective bargaining agreements. (ATA) is responsible for the maintenance of records regarding the agency's usage of state owned vehicles. (ATA) is charged with the investigating complaints concerning state vehicles, drivers and passengers and ensuring that each agency employee or authorized personnel who operates a motor vehicle on state business is aware of the policies and has the ability, knowledge, skill, experience and appropriate license to operate the type of vehicles assigned.

DEFINITION OF EMPLOYEE:

"State Employee" is defined as Employed by the State of Connecticut, member of National Guard on State Active Duty, who's duty is unique to the state agency mission to include State Militia Unit (SAD) Members working on a volunteer basis while on a (SAD) mission status is considered to be an employee for the purpose of this policy.

1. RESPONSIBILITIES OF EACH DRIVER:

- Being knowledgeable of, and compliant with, all of the rules and procedures outlined in this policy;
- Driving courteously and obeying all motor vehicle laws;
- Ensuring that state-owned vehicles are serviced at proper intervals and that CTMD is notified in written format of needed repairs;
- Ensuring that fluid levels (engine oil, transmission fluid, and radiator coolant and window washer fluid) of state-owned vehicles are checked and replaced when low;
- Ensuring that state-owned vehicles! Interiors are kept clean;
- Complying with all state accident procedures issued by the State Military Department (CTMD), including but not limited to completing the DAS Incident/Accident Report Annex A (attached) and emailing the report to his or her supervisor within 48 hours of the incident;
- Promptly paying parking fines and other liability charges incurred while operating any motor vehicle on state business. Such fines are the personal liability of the driver;
- Notifying his or her Agency Transportation Administrator: Joseph Balesano via email joe.balesano@ct.gov within 72 hours if he or she has been convicted of or has made payment for any motor vehicle violation (not including parking tickets) while driving a state-owned vehicle;
- Possessing the ability, knowledge, skill, experience and appropriate license to operate the type of vehicle assigned;

STANDARD OPERATION PROCEDURES

AGENCY OWNED MOTOR VEHICLES

- Completing and submitting all required reports within established timelines;
- Notifying his or her Agency Transportation Administrator within 24 hours if his or her motor vehicle license is suspended, revoked or expired.

2. PROCUREMENT OF A VEHICLE:

Purchase of a vehicle must be justified by the requestor and approved by the Fiscal Manager for funding.

3. FUEL: Vehicle operators are to obtain diesel and gasoline from a State owned stations located throughout the State by utilizing the D.O.T. Fuel Master Automated Key system.

4. FUEL CONSERVATION: Drivers should take the shortest route possible between points "A" and "B". Drivers avoid situations where the vehicle is allowed to idle for any period of time. This may include shutting the vehicle engine off when in congestive areas such as accidents and construction zones that requires the vehicle to stop for long periods of time.

5. USE OF D.O.T. AUTOMATED KEY FUELING SYSTEM:

The Department of Transportation has fuel points at located at all DOT garages throughout the state. The *Fuel Master Automated System* will permit the vehicle operator to purchase fuel. Keys are authorized to purchase fuel for State owned vehicles only. There will be no receipts issued, all purchases will be track electronically and monitored by the State agency.

6. USE OF COMMERCIAL MOBIL GAS STATIONS:

For individuals / units that have Agency issued Commercial Mobil Credit Cards the following is required. The use of this commercial credit card is for those occasions when fuel can not be purchased from a State operated fueling station. Mobil charge receipts are to be completed in their entirety, listing vehicle registration number, amount and type of fuel charged on the credit card and the operator must sign and print their full name on the receipt, use of automated charge card (pay at the pump) machines is permitted. Credit cards are authorized to purchase fuels for State owned vehicles only. Fuel charge receipts are to be attached to the *Monthly Usage Reports Form CCP-40. Annex B* (attached) and submitted on or before the 5th of each month.

7. LOSS OR STOLEN CREDIT CARDS & FUELING KEYS:

Credit cards / keys issued to you and/ or your unit should be safeguarded at all times. However if they are lost or stolen it is the responsibility of the driver and /or person responsible to notify the State Property Officer immediately at: 1 – 860 – 548 – 3280 or after hours at: Cell – 860 – 883 – 2029, so that he may cancel effected card / key, and promptly send a replacement to your unit.

STANDARD OPERATION PROCEDURES

AGENCY OWNED MOTOR VEHICLES

8. SAFETY MAINTENANCE AND REPAIR:

The safety inspection of agency owned vehicles is the responsibility of the driver . Agency owned vehicle must be inspected by every driver prior to operating the vehicle and / serviced quarterly. To request repairs and maintenance A PC-1 Form, *Annex C* (attached), shall be submitted the Facility Maintenance Office with the following information:

Location of requesting armory installation;

Vehicle number;

Justification;

Name of Vendor, (if known);

Cost estimate;

Model or part number and brief detailed description of repairs and/or parts to be purchased.

Once approval(s) have been granted by the Facilities Manager or his/her designated representative, the request will be forwarded to the Fiscal Division for final approval to purchase.

EMERGENCY REPAIRS: Emergency repairs require the approval of the Fiscal Division Manager or his designated representative. This may be accomplished by calling 548-3280 during normal work hours and by contacting one of the two individual listed below:

	<u>Office</u>	<u>After Hours/Holidays/Weekends</u>
Joseph Balesano	(860) 548-3280	(860) 883-2029
Raymond Mercier	(860) 493-2742	(860) 883-5537

9. DIVISION HEAD RESPONSIBILITIES:

Each division head/ State Commandant must ensure that agency owned vehicles assigned to his/ her division are properly maintained, or removed from service if likely to fail, or is unsafe. No agency owned vehicle will be operated in an unsafe fashion or tow loads beyond the vehicles manufacturer load limits. A division/ department or State Militia Unit that has a vehicle for their exclusive use is responsible for enforcing all rules, policies and guidelines relating to the Safe use of the vehicle as stated herein. The willful neglect or misuse of any state-owned or rental vehicle is cause for disciplinary action under the provisions of state statutes or applicable collective bargaining contracts, state militia unit members and such misuse or false statements about the use of said vehicles may subject the employee to civil action. (See Connecticut General Statutes 4-165 and Regulations of Connecticut State Agencies 5-240-1a (c)(7))

STANDARD OPERATION PROCEDURES

AGENCY OWNED MOTOR VEHICLES

10. VEHICLE ACCIDENT:

In the event of an accident stop immediately and check for injuries. *If needed, obtain medical assistance by calling 911.* Report the accident to the local and/or State Police. Obtain the name and phone number, if possible, of any witnesses to the accident. Record the time, date and the Police Department's Case Number which will be assigned to the accident by the officer at the scene. You will also need to obtain, from all other driver's involved in the accident, their name, address, telephone number, drivers license number, insurance company and policy number. This information will be needed for completion of the accident report (MVCU-1).

11. REPORTING AN ACCIDENT:

Drivers are required to complete and submit within twenty-four (24) hours, the Accident Report for State Owned Motor Vehicles Form MVCU-1 **Annex-A** (attached), for any incident causing death, personal injury to any degree. Drivers are also required to report and submitted within twenty-four (24) hours, any comprehensive damage on the Report of Loss or Damage to State -Owned Automobiles, Form **C0-853, Annex-D** (attached) to the State Property Office, attention Joseph Balesano. He can be reached by calling cell: 860. 883-2029 or home 860.456.8584. All accidents are to reported to your immediate State supervisor Mr. Raymond Mercier within a 24 hour period he can be reached by calling cell: 860. 883.5537 or home: 860.456.3734

The driver of a state vehicle involved in an accident will record all pertinent information on the State Accident Form MVCU-1 within 24 hours of the accident. This form is located in the glove compartment of the vehicle. The completed accident form, must be submitted to the (ATA) within 48 hours. An accident involving personal injury or property damage must be reported to the State Agency Vehicle Administrator within 48 hours of the accident.

12. OVER NIGHT HOME GARAGING:

A State vehicle may be parked at the employee's home only when the vehicle is to be used in the conduct of State business the same day or (before usual working hours) on the next succeeding workday. Authorization for off-state property parking of a state vehicle at the employee's residence or alternate State facility must be approved in advance by the State Vehicle Administrator or designee.

Note: Certain agency employees because of the nature of their responsibilities (24/7 employees / statewide assignments may have a State vehicle assigned to them. In these instances the employees must comply with applicable internal regulations. The Facility Maintenance Manager must notify the Agency Transportation Administrator (ATA) when a State vehicle is assigned to an employee so that appropriate procedures are followed. Periodic checks of each department's vehicle records will be made by State Property Office representative to ensure compliance with the Vehicle Usage Policies.

13. LOST KEYS:

Lost keys must be reported to the (ATA) or designee within 24 hours.

STANDARD OPERATION PROCEDURES

AGENCY OWNED MOTOR VEHICLES

14. VEHICLE SECURITY:

State vehicles must be properly parked and secured when left unattended (windows must be up and doors locked, etc.).

15. MONTHLY USAGE REPORTS:

It is the responsibility of each employee who are assigned a state vehicle to complete, sign and submit the *Monthly Usage Reports Form CCP-40, Annex B* (attached) no later than the 1st of each month for the prior months usage to their division head for review and approval. Each division head are required to approved (by signing the *Monthly Usage Reports Form CCP-40*), wich will be submitted to the State Agency Property & Procurement Office for the prior months use no later than the 5th day of each month. *Monthly Usage Reports Form CCP-40* must be submitted for all state owned vehicles to the State Military Department, Property & Procurement Division, Rm. # 143, 360 Broad Street, Hartford, CT, 06105, Attention: Valerie Serry on or before the 5th of each month for the previous month usage. The vehicle operator must log the daily usage on the monthly usage report on a daily basis.

16. CARE OF VEHICLE:

The operator of a state-owned vehicle must inspect the vehicle prior to driving it. The vehicle should be checked visually to ensure that such items as the tires are in good condition and adequately inflated, all mirrors are usable, and that there is a gas cap, spare tire, and a jack, if applicable. The brakes, lights, and other controls should be tested for satisfactory performance. Operators are responsible for the proper care, cleanliness and safety of his/her assigned vehicle. Drivers are required to report defects noted in the operation of the vehicle and will ensure that vehicles are serviced at the proper intervals. See vehicle owner guide for proper maintenance schedule.

17. CONDUCT AND COURTESY:

Drivers will be courteous to other drivers and pedestrians at all times.

18. TRAFFIC LAWS:

All traffic laws, especially posted speed limits, will be obeyed at all times. Fines/ parking tickets due to violations of law or local ordinances are the responsibility of the driver involved. Employees will not be reimbursed by the State. A reminder that the use of cell phones while driving is illegal in the State of Connecticut.

19. SEAT BELTS:

All drivers and front seat passengers must use the vehicle seat belts.

20. PENALTIES:

Violation of any policy, rule or regulation governing the use of a state-owned vehicle or any state motor vehicle law or regulation may result in the immediate recall of the vehicle by the agency appointed Transportation Administrator and may result in disciplinary action up to and including dismissal from your duty position.

STANDARD OPERATION PROCEDURES

AGENCY OWNED MOTOR VEHICLES

Any state official, employee, or militia unit member to whom a state-owned vehicle has been assigned on a long-term basis who has been the subject of two or more valid complaints involving the use of a state vehicle in a six-month period or who has been convicted of or has made payment for two or more motor vehicle violations while driving

a state-owned vehicle in a six-month period may forfeit the privilege of using a state-owned vehicle for one year.

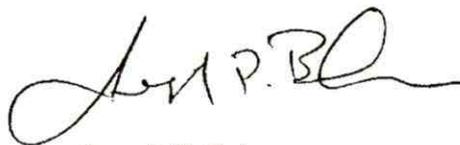
The willful neglect or misuse of any state-owned or rental vehicle is cause for disciplinary action under the provisions of state statutes or applicable collective bargaining contracts, state militia unit members and such misuse or false statements about the use of said vehicles may subject the employee to civil action. (See Connecticut General Statutes 4-165 and Regulations of Connecticut State Agencies 5-240-1a (c)(7))

If an employee or State Militia Unit members are involved in an accident as a result of his/her own willful or wanton misconduct while in the operation of a state-owned or rental motor vehicle, the agency head (Adjutant General) may assess the responsible party for property damage to state property.

21. GUIDANCE OF THIS PROCEDURE:

Any guidance needed to interpret these procedures should be directed to Joe Balesano, State Property Officer at: (860) 548-3280 Cell (860) 883-2029.

FOR THE ADJUTANT GENERAL:



Joseph P. Balesano
Property Officer

FORMS:

ANNEX A: Report of Vehicle Accident MVCU-1

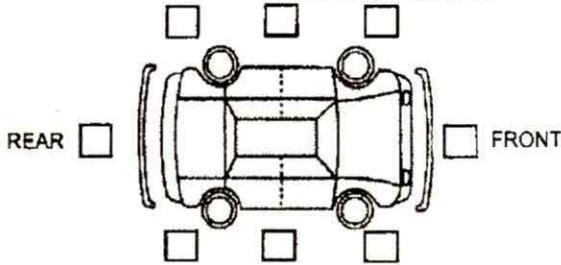
ANNEX B: Monthly Usage Reports Form CCP-40

ANNEX C: PC-1 Form, dated 13 October

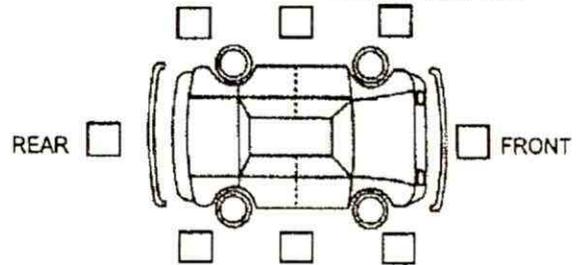
ANNEX D: Report of Loss or Damage to State -Owned Automobiles, Form C0-853

This SOP dated 20 December 2013 supersedes all previous CTMD Motor Vehicles SOP's

DESCRIBE DAMAGE Vehicle 1 Check box(es) representing vehicle damage area.



DESCRIBE DAMAGE Vehicle 2 Check box(es) representing vehicle damage area.



WAS MEDICAL ASSISTANCE CALLED TO THE SCENE Y N

IDENTIFY PERSON(S) REQUIRING MEDICAL ASSISTANCE

WERE THERE ANY WITNESSES TO THE INCIDENT Y N

PLEASE LIST WITNESSES NAME AND CONTACT INFORMATION

TYPE OF INCIDENT/ACCIDENT

COLLISION WITH:

- OTHER MOTOR VEHICLE
- MOTOR VEHI. CROSSING MEDIAN
- PARKED MOTOR VEHICLE
- BICYCLIST
- PEDESTRIAN
- ANIMAL
- THROWN OR FALLING OBJECT
- MOTORCYCLE
- FIXED OBJECT

NON COLLISION WITH:

- OVERTURN
- SPILL
- FIRE
- SUBMERSION
- JACKKNIFE
- EXPLOSION
- OTHER _____

IF ACCIDENT INVOLVED FIXED OBJECT (above)

CHECK THE OBJECT STRUCK:

- | | |
|---|--|
| <input type="checkbox"/> TRAFFIC SIGNAL | <input type="checkbox"/> BARRIER/FENCE |
| <input type="checkbox"/> SIGN POST | <input type="checkbox"/> EMBANKMENT |
| <input type="checkbox"/> GUARD RAIL | <input type="checkbox"/> FIRE HYDRANT |
| <input type="checkbox"/> CRASH CUSHION | <input type="checkbox"/> DITCH/CURB |
| <input type="checkbox"/> LIGHT POLE | <input type="checkbox"/> PARKING METER |
| <input type="checkbox"/> TELEPHONE POLE | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> TREE | |
| <input type="checkbox"/> BUILDING/WALL | |
| <input type="checkbox"/> BRIDGE/PIER | |
| <input type="checkbox"/> MEDIAN | |

ACCIDENT LOCATION

- | | |
|---|---|
| <input type="checkbox"/> INTERSECTION | <input type="checkbox"/> RAMP/ROTARY |
| <input type="checkbox"/> LOCAL STREET | <input type="checkbox"/> IN DRIVEWAY |
| <input type="checkbox"/> ALONG THE ROAD | <input type="checkbox"/> IN PARKING LOT |
| <input type="checkbox"/> ALONG ROAD @ DRIVEWAY | <input type="checkbox"/> ON HIGHWAY |
| <input type="checkbox"/> OFF ROAD ON SHOULDER | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> OFF ROAD BEYOND SHOULDER | |

TRAFFIC CONTROLS

- | | |
|--|---|
| <input type="checkbox"/> NONE | <input type="checkbox"/> VISIBLE ROAD MARKINGS |
| <input type="checkbox"/> TRAFFIC SIGNALS | <input type="checkbox"/> OFFICER/FLAGMAN |
| <input type="checkbox"/> STOP SIGN | <input type="checkbox"/> RR CROSSING FLASHER GATE |
| <input type="checkbox"/> YIELD SIGN | <input type="checkbox"/> NO PASSING ZONE |
| <input type="checkbox"/> LANE CONTROL | <input type="checkbox"/> OTHER _____ |

ROAD DESIGN

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> INTERSTATE | <input type="checkbox"/> ONE WAY |
| <input type="checkbox"/> OTHER DIVIDED HWGHWY | <input type="checkbox"/> DRIVEWAY |
| <input type="checkbox"/> ROAD NOT DIVIDED (2-WAY) | <input type="checkbox"/> ACCESS WAY |
| | <input type="checkbox"/> OTHER _____ |

ROAD CONDITIONS

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> DRY | <input type="checkbox"/> DEBRIS |
| <input type="checkbox"/> WET | <input type="checkbox"/> SAND/DUST/OIL |
| <input type="checkbox"/> SNOW/SLUSH | <input type="checkbox"/> POT HOLE |
| <input type="checkbox"/> ICE | <input type="checkbox"/> UNDER CONSTRUCTION |
| <input type="checkbox"/> MUDDY | <input type="checkbox"/> OTHER _____ |

WEATHER CONDITION

- CLEAR
- FOGGY
- CLOUDY
- RAINING
- SLEETING
- SNOWING
- OTHER _____

LIGHT CONDITION

- DAYLIGHT
- SUNGLARE
- DAWN/DUSK
- NIGHT - ROAD LIT
- NIGHT - ROAD NOT LIT

DESCRIBE INCIDENT:

STATE OWNED		1 / 1	Temporary	Report for Month Year		Equipment No.	Registration	DEPARTMENT OF ADMINISTRATIVE SERVICES		Page 1 of 1		
MONTHLY USAGE REPORT		1 / 1	Assigned	MILEAGE SUMMARY: Ending Starting		Total for Month	Name of Using Agency: (Do not abbreviate)		Agency No. 2201			
CCP-40 REV 12/90			Assigned	No Days		0	State	0	Commercial	0		
(Book No. 8938-219-01)				Car Used		USED	OFFICIAL DUTY STATION: Building or fixed location of geographical area assigned by agency		CAR PARCELED ON QUALIFIED OVERSIGHT AT:			
* Use additional sheets if necessary				Send		OFFICE OF STATE	Must be received by State Fleet Operations		Same			
* List each trip on a separate line. Vehicle				Report To:		FLEET OPERATIONS	no later than 5th of following month					
and holding, whether vehicle was used or not.				Do not list towns which were only passed through		Towns stopped at		on Official Business Only				
* Vehicle may be driven by licensed driver only.				Starting		Town	Ending	Odometer	Total	Allocation of Mileage	Daily	Time Car Used
Day	Signature	of Operator	Town	Ending	Ending	Reading	Miles	Official	Nonbusiness	Trips	Starting	Ending
Mo.	Each block must be signed	as previous day		Town	Each Trip	For Day	For Business	Home to Office		Round		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
GRAND TOTALS												

Operator's Signature: _____

Supervisor: _____

Agency No. 2201

RESET



STATE OF CONNECTICUT - MILITARY DEPARTMENT

PRINT

REQUISITION FORM - PC-1

(REV OCT 2013)

REQ #:

A. REQUESTOR TO COMPLETE:

DATE: _____ FACILITY: _____ BLDG#/ROOM# _____

REQUESTER: _____ PHONE # _____ FAX # _____

SHIP TO: _____

DESCRIPTION OF SERVICES/MATERIALS : (IN DETAIL -ATTACH ADDITIONAL SHEETS IF REQ'D - \$10k > REQUIRES SOW/SPECS)

Empty box for description of services/materials.

JUSTIFICATION/EXPLANATION: (BE SPECIFIC TO DECIDE PRIORITY CODES BELOW)

Empty box for justification/explanation.

DATE REQ'D: _____ CORE ID# _____ CONTRACT# OR GL71 LTR _____

SUGGESTED VENDOR _____ VENDOR CONTACT _____

EST.TOTAL COST _____ FEDERAL FUNDS AMT _____

AMSCO/EEIC # _____ FED REF # _____

B. MANAGEMENT APPROVALS:

CFMO BRANCH MANAGERS ONLY							PROG MANAGER		STATE FISCAL	
INITIAL & DATE	FOS	P&P	DPM	CA	ENV	FMM	FED	STATE	FISCAL ADM MGR	TO PURCH DEPT
INITIALS										
DATE										

FMQ/BASE CE USE ONLY S R M MINOR CONSTRUCTION OTHER

PRIORITY CODE SELECTED BY FOS: #1 #2 #3 420r REQ'D B100 REQ'D > \$50k DCS APPROVAL REQ'D > \$10k

EMERGENCY AUTHORIZATION OF FUNDS (NOTE: BOTH SIGNATURES REQUIRED)

CFMO/ BASE CE _____ DATE: _____ STATE FAM _____ DATE: _____

C. STATE FISCAL: AMT ONLY=LS DIST BY AMT DIST BY QTY PURCH INITIAL _____ PO # _____

FUND	DEPT	SID	PROGRAM	ACCOUNT	BUD REF	BUD PER	CF#1	CF#2	AMOUNT

REJECTED/DENIED BY: _____ DATE: _____ FACILITY NOTIFIED REASON FOR REJECTION/DENIAL BELOW (FUNDING, ADDITIONAL INFO REQ'D, USE P-CARD, ETC.)

**REPORT OF LOSS OR DAMAGE TO
STATE OWNED REAL AND PERSONAL
PROPERTY**

CO-853 REV. 4/2011



DATE OF LOSS

INSTRUCTIONS:

1. USE THIS FORM TO REPORT ALL LOSSES OR DAMAGE TO STATE OWNED REAL AND PERSONAL PROPERTY PERTAINING TO THEFT, VANDALISM, CRIMINAL OR MALICIOUS DAMAGE, SPOILED OR EXPIRED FOOD PRODUCTS, LOST OR MISPLACED FUNDS. NOTIFY LOCAL POLICE, OR, IF APPLICABLE, LOCAL SECURITY DIVISION IF LOSS IS CAUSED DUE TO CRIMINAL ACTIVITY.
2. PREPARE AND ELECTRONICALLY SUBMIT THE FORM TO OSC.LOSS@PO.STATE.CT.US. SUBMIT A COPY ELECTRONICALLY TO AUDITORS OF PUBLIC ACCOUNTS AT DONNA.G.MOORE@CGA.CT.GOV AND STATE INSURANCE AND RISK MANAGEMENT BOARD AT EILEEN.MCNEIL@CT.GOV. RETAIN ONE COPY ELECTRONICALLY FOR YOUR FILE.

QUESTIONS: FISCAL POLICY DIVISION, 55 ELM ST, HARTFORD, CT 06106-1775 (860)702-3440

AGENCY NAME AND ADDRESS

LOCATION OF PROPERTY PERTAINING TO LOSS

BRIEF DESCRIPTION OF PROPERTY LOSS OR DAMAGE

CAUSE OF LOSS

REPLACEMENT VALUE *(Make the necessary adjustments to your property control records as required)*

- 1) DATE PURCHASED OR RECEIVED AND TAG # : _____
- 2) VALUE REPORTED ON THE ANNUAL INVENTORY REPORT TO THE COMPTROLLER (CO-59) : \$ _____
- 3) DEPRECIATED VALUE : \$ _____
- 4) COST IF NOT REPORTED ON CO-59 : \$ _____

SECURITY (Indicate by placing a checkmark in the appropriate block)

ADEQUATE

INADEQUATE

WHAT STEPS HAVE BEEN TAKEN WITHIN YOUR AGENCY TO PREVENT A RECURRENCE? EXPLAIN:

MISCELLANEOUS *(If loss or damage was not reported immediately, indicate reason for delay).*

NAME OF INDIVIDUAL TO BE CONTACTED RELATIVE TO LOSS

AREA CODE TELEPHONE

()

DATE