	<b>STATE OF ALASKA DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES</b>		POLICY AND PROCEDURE NUMBER <b>11.04.020</b>	PAGE  1 of 9
	<b>Policy and Procedure</b>		EFFECTIVE DATE January 17, 2001	
SUBJECT <b>Equipment Damage Prevention &amp; Control (Backcharge procedures for equipment damage, abuse, and negligence)</b>		SUPERSEDES  11.04.020	DATED  6/16/2000	
TITLE <b>State Equipment Fleet</b>	CHAPTER <b>Equipment Use, Care and Maintenance</b>	APPROVED BY  Signature on File		

## PURPOSE AND SCOPE

### Introduction:

The Alaska Statewide Equipment Fleet (SEF) furnishes equipment to state agencies for use in the performance of their work. The terms by which this equipment is furnished to an agency requires that it be returned at the end of its useful life in the same condition, less normal wear and tear, as received. It is the policy of SEF to repair all accident and damage to wet rental vehicles and equipment when economically feasible. It is also SEF policy to report and repair damage to dry, non-rental, and leased state equipment when economically feasible.

The state is self-insured against liability claims arising from vehicle accidents involving a third party (where the third party could file against the state); however the state does not provide agencies with collision or comprehensive insurance to cover most types of vehicle accidents where state vehicles must be repaired. Agencies are responsible for the costs of repairing units that sustain accident damage or vandalism. Further, an agency that damages state owned equipment through negligence or abuse is liable for the cost to repair such damage.

The purpose of this procedure is to establish a process for governing back charges to the responsible user agency for equipment damage caused by accident, abuse, or negligence.

## POLICY

SEF furnishes equipment to user agencies for the performance of their work. The terms on which this equipment is furnished to a user agency require that it be returned in like condition as issued, excepting normal wear and tear.

It is the policy of the department that damage or abuse caused to state owned equipment due to negligence, carelessness, or accident, is the responsibility of the using agency.

## PROCEDURE

### A. When equipment is damaged in an accident:

1. It is the responsibility of the user to complete the reporting procedures as outlined in the Division of Risk Management's *Claim Reporting Procedures Guide*, dated 8-92 (copies are available from Risk Management). The following summary of these reporting procedures is provided for reference.
  - a. Whenever a state-owned or leased unit is involved in an accident, or sustains damages, state form no. 02-919 (3/83), "Liability Accident Notice," is to be completed.
  - b. If the apparent property damage is \$2,000 or more or if bodily injury occurs, then Alaska Statute AS 28.35.080 requires the driver immediately notify the Department of Public Safety, or the local police department if the accident occurs within a municipality. Within ten (10) days after the accident, the driver must complete and forward to the Department of Public Safety or the local police department if the accident occurs within a municipality Form 12-209, "State of Alaska Motor Vehicle Accident Report." The form can be obtained from the local police department or from the Department of Public Safety.
  - c. Complete the Certification of Insurance, Form 12-466 (1-85). The "DRIVER" section is to be completed by the state operator. The "OWNER" block is for naming the State of Alaska as the owner.
  - d. No Motor Vehicle Accident Report is required if a law enforcement officer investigates the accident.
2. A copy (do not send the original) of the following must be sent to the SEF Regional Office within 48 hours of the accident (Attachments A, B, and C):
  - a. "Liability Accident Notice" Form 02-919 (Attachment A).
  - b. "State of Alaska Motor Vehicle Accident Report", Form 12-209 if the total property damage is \$2000 or more or if bodily injury occurs (Attachment B).
  - c. "Report of Lost-Stolen-Damaged-Property", Form 02-627 is required to report the total loss of a vehicle (Attachment C)

3. All accidents that result in the total loss of a state vehicle, severe injury to a third party or state employee, total loss of a third party vehicle, or a fatality the involved state vehicle file will be immediately forwarded to SEF headquarters. The region/district may copy all or part of the file for their future on site maintenance needs.
  - a. Under no circumstances is the vehicle to be dismantled, salvaged, or cannibalized without the prior written permission of SEF headquarters. This prohibition includes the removing of light bars and other emergency equipment on police interceptors or other vehicles. If possible, pictures should be taken and included in the forwarded file.
  - b. The vehicle will not be sold until SEF headquarters has determined that no litigation is pending.
- B. User agencies in possession of state owned or leased units damaged by a third party are responsible for recovering the cost of repairing the damages from the third party. SEF regional offices will assist the user agency, however if recovery is not made the user agency will be responsible for all cost to repair the unit.
- C. If unreported damage is discovered by mechanics or other SEF personnel during an inspection, SEF personnel shall require that the agency fill out a "Liability Accident Notice," Form 02-919 (Attachment A). The SEF Regional Manager or his designated representative and an appropriate representative from the user agency will review the damage to determine cause.
- D. Authorization to repair the damage caused by other than normal wear and tear will be received from an authorized user agency representative prior to SEF beginning repairs. This can be accomplished by an authorized user agency representative signing a SEF Work Order and/or submitting a separate memo authorizing the repair. The agency will be responsible for all costs associated with the repairs.
- E. User agencies have the option of either performing the repairs themselves or having them done by a third party. However, all repairs not performed by SEF maintenance personnel must be done by qualified personnel in accordance with accepted industry standards and must be approved in advance by the SEF Regional Manager or his designated representative.
- F. When an operator is clearly at fault in a two-or-more vehicle accident and where all of the vehicles belong to the state, the agency whose vehicle was at fault will be responsible for the cost to repair all of the vehicles involved.
- G. Specific items that will be back charged to the user agency include:
  1. Damage as defined above and third party damage and vandalism.

2. Out of fuel due to neglect.
  3. Cold starts due to neglect, i.e. not plugging the vehicle in at night, or letting the vehicle run out of fuel.
  4. Tire damage due to neglect, i.e. running on a flat tire causing the tire to be ruined.
  5. Mechanical damage due to neglect, i.e. running an engine without oil or water, engine over-speeding, etc.
  6. Unauthorized repair, welding, or fabrication by a user which causes damage to the equipment.
  7. Any other damage clearly caused by accident, negligence or abuse.
- H. It is the responsibility of the SEF Regional Equipment Manager or designated representative to prepare the appropriate billing documentation to support back charges for accident repair, or for repairs needed as the result of damage or abuse.

## **Definitions:**

### **Damage -**

The need for mechanical, body and sheet metal, tire, or other repairs to state vehicles caused by abuse or negligent vehicle operation. Damage does not include repairs where the vehicle was being used for its intended purpose and additional training or experience would not have prevented the need for the repairs and there were no reasonable precautions that could have been taken to prevent the need for the repairs.

### **Accident -**

The need for repairs caused by an unexpected external event arising by chance or fault and includes the need for repairs caused by the actions of third parties and forces of nature.

### **Abuse -**

Misuse, mistreatment, or misapplication of vehicles or equipment that results in damage.

### **Negligence -**

Carelessness, inattention, or indifference in the operation of vehicles or equipment that results in damage.

### **Back Charge -**

The term used to denote a repair billable to the responsible user agency for repairs

caused by damage or accident to state owned vehicles and equipment in the user agency's possession.

## **ATTACHMENTS**

- Attachment A: Liability Accident Notice, Form 02-919
- Attachment B: State of Alaska Motor Vehicle Accident Report, Form 12-209
- Attachment C: Report of Lost-Stolen-Damaged-Property, Form 02-627

## **REFERENCE**

SEF: Prevention of Damage or Abuse to State Owned Equipment Policy 11.04.003.  
Division of Risk Management: *Claim Reporting Procedures Guide*.  
Report of Lost-Stolen-Damaged-Property: *Form 02-627*.

## **AUTHORITY**

AS 44.42.020  
AS 44.42.030  
AS 44.68.020

## **IMPLEMENTATION RESPONSIBILITY**

SEF Managers: Ensure compliance.  
Agencies: Ensure all users are aware of their responsibility under this procedure.

## **DISTRIBUTION**

All holders of the Policy and Procedures Manual

# LIABILITY ACCIDENT NOTICE

Auto       Other

	DEPARTMENT			SECTION	LOC. CODE	DIRECTOR			
	DIVISION			REGION	LOCATION NAME	SUPERVISOR			
STATE EMPLOYEE	LAST NAME		FIRST NAME		INITIAL	SPECIAL I.D. OR SOCIAL SECURITY NO.			
	ADDRESS				ZIP	RESIDENCE PHONE	BUSINESS PHONE		
	WHERE CAN EMPLOYEE BE CONTACTED?					WHEN?			
ACCIDENT	DATE & TIME OF ACCIDENT OR LOSS		LOCATION OF ACCIDENT (including City & State)			POLICE TO WHOM REPORTED			
	A.M. P.M.		DESCRIPTION OF ACCIDENT OR LOSS (Use Reverse, if Necessary.)						
STATE VEHICLE	AUTO ONLY	VEH. NO.	YEAR	MAKE	MODEL	VIN (Vehicle Identification No.)	PLATE NO.		
		STATE OWNED <input type="checkbox"/> OR LEASED <input type="checkbox"/>				ADDRESS OF LEASOR		PHONE	
		NAME OF DRIVER			AGE	ADDRESS		PHONE	
		WAS DRIVER A STATE EMPLOYEE?				PURPOSE OF USE		USED WITH PERMISSION	
		<input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE DAMAGE		REPAIR ESTIMATE		WHERE CAN CAR BE SEEN?		WHEN			
		\$							
PROPERTY DAMAGE	OWNER			ADDRESS			PHONE		
	OTHER DRIVER ( ) SAME AS OWNER			ADDRESS			PHONE		
	DESCRIBE PROPERTY (If Auto: Make, Year, Plate No.)			OTHER CAR OR PROPERTY INSURED		COMPANY OR AGENCY NAME & POLICY NO.			
				<input type="checkbox"/> YES <input type="checkbox"/> NO					
DESCRIBE DAMAGE		REPAIR ESTIMATE		WHERE CAN CAR BE SEEN?		AGE	STATE VEH. PASS.	OTHER VEH. PASS.	PED.
		\$							
INJURED	NAME		ADDRESS		PHONE		EXTENT OF INJURY		
CLAIMANT	NON AUTO	OCCUPATION		EMPLOYED BY		ADDRESS OF EMPLOYER			
		PROBABLE DISABILITY	RETURNED TO WORK	WHY ON PREMISES			STATE VEH.	OTHER VEH.	OTHER
		WEEKS	<input type="checkbox"/> YES <input type="checkbox"/> NO						
WITNESS	NAME		ADDRESS			PHONE			
REMARKS									
DATE		REPORTED BY			REPORTED TO		SIGNATURE (Prepared by)		



# LOST-STOLEN-DAMAGED PROPERTY REVIEW

(See State Property Manual for Instructions)

1. Department		2. Division		3. Section		4. Date	
5. Property Location			6. Check One <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged, repairable <input type="checkbox"/> Destroyed			7. Police Notified <input type="checkbox"/> Yes, attach report <input type="checkbox"/> No, explain in 13	
8. Serial No.		9. Description				10. Class Code	
11. Tag No.						12. Value \$	
13. Circumstances (Include Names of Witnesses):							
Signature of Custodian			Printed Name & Title			Date	

### COMPLETE 14-18 AND EXPLAIN ACTION TAKEN

14. I certify that, to the best of my knowledge, the above is true and correct.		
Negligence apparent: <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, has disciplinary action been taken?		
Explain precautions taken to safeguard State property.		
Signature of Immediate Supervisor		Date
15. I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and action taken. RECOMMENDATIONS:		
Signature of Division Director		Date

### REPORT OF REVIEW

16. The above findings <input type="checkbox"/> are <input type="checkbox"/> are not consistent with State and Department policies. RECOMMENDATIONS:		
Item <input type="checkbox"/> will <input type="checkbox"/> will not remain in service (for damaged items only).		
Signature of Department Property Officer		Date
17. I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and/or authorize that action be taken as recommended. RECOMMENDATIONS:		
Signature of Commissioner or Designee		Date
18. I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings; item <input type="checkbox"/> will <input type="checkbox"/> will not be dropped from inventory. RECOMMENDATIONS:		
Signature of State Property Manager		Date

**State of Alaska - Department of Public Safety**  
**REPORT OF MOTOR VEHICLE ACCIDENT**

**OFFICE USE ONLY**

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

**HAVE YOU READ THE INSTRUCTIONS IN SECTION A ON THE BACK?**  
12-2009(ST-0A-ES)  
REV 12/04

ACTION	ACCIDENT NUMBER		
8	9		
CITY	BOROUGH	DISTRICT	DEPT
18	21	27	28

YOUR VEHICLE No. 1	ACCIDENT DATE	DAY OF WEEK	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	NUMBER OF VEHICLES	HIT & RUN INVOLVED	DID POLICE INVESTIGATE ACCIDENT	NAME OF POLICE AGENCY	Other Vehicle No. 2
31	37	39			43	45	<input type="checkbox"/> YES <input type="checkbox"/> NO		18

LAST NAME DRIVER 1	FIRST NAME	MIDDLE INITIAL
20	35	45
<b>DRIVER 1</b>		
MAILING NUMBER AND STREET	MAILING CITY	STATE ZIP
46	71	86 88
RESIDENCE NUMBER AND STREET	RESIDENCE CITY	STATE ZIP
OPERATOR LICENSE NO.	STATE	SEX DATE OF BIRTH
20	27	29 30 MO DA YR

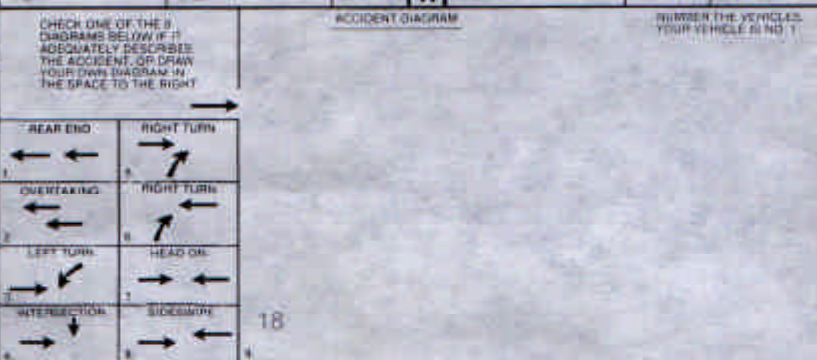
LAST NAME DRIVER 2	FIRST NAME	MIDDLE INITIAL
20	35	45
<b>DRIVER 2</b>		
MAILING NUMBER AND STREET	MAILING CITY	STATE ZIP
46	71	86 88
RESIDENCE NUMBER AND STREET	RESIDENCE CITY	STATE ZIP
OPERATOR LICENSE NO.	STATE	SEX DATE OF BIRTH
20	27	29 30 MO DA YR

LAST NAME OF OWNER 1	FIRST NAME	MIDDLE INITIAL
<b>OWNER</b>		
NUMBER AND STREET	CITY	STATE ZIP CODE
PLATE NUMBER	STATE OF LIC	VEH. YEAR & MAKE
36	44	48

LAST NAME OF OWNER 2	FIRST NAME	MIDDLE INITIAL
<b>OWNER</b>		
NUMBER AND STREET	CITY	STATE ZIP CODE
PLATE NUMBER	STATE OF LIC	VEH. YEAR & MAKE
36	44	46

PLATE NUMBER	STATE OF LIC	VEH. YEAR & MAKE	VEHICLE TYPE	NO. OF OCCUP
36	44	48	52	54

ESTIMATED REPAIR COST	REPAIR ESTIMATE VERIFIED BY AUTO REPAIR SHOP ESTIMATE
\$ 56	<input type="checkbox"/> 61 UNVERIFIED <input type="checkbox"/> 62 H
DESCRIBE DAMAGE TO VEH. NO. 1	



ESTIMATED REPAIR COST	REPAIR ESTIMATE VERIFIED BY AUTO REPAIR SHOP ESTIMATE
\$ 56	<input type="checkbox"/> 61 UNVERIFIED <input type="checkbox"/> 62 H
DESCRIBE DAMAGE TO VEH. NO. 2	

ROUTE NO. OR STREET NAME	<input type="checkbox"/> MILES <input type="checkbox"/> IN <input type="checkbox"/> S <input type="checkbox"/> FEET <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> AT INTERSECTION WITH	ROUTE NO. OR STREET NAME	CITY	BOROUGH
ON 19		39		

**THIS BOX FOR OFFICE USE ONLY**

ACTUAL	LOCATION CONTROL	REF. PT.	DISTANCE ACTUAL	N/S	E/W	DIST. FROM INTER.	DIR.
69	61	69	72	75	78	82	86
BASE REF.							90

**INJURY SECTION: FILL OUT SPACE BELOW FOR EVERY PERSON INJURED OR KILLED IN THE ACCIDENT.**

INJURED	NAME	IN VEH. NO.	DATE OF BIRTH	SEX	DESCRIBE INJURIES	CHECK PROPER COLUMNS SEE INSTRUCTION 5 ON BACK				
						A	B	C	POSITION IN VEHICLE	
18						28	29	30	31	32
A			19	21	27					
B										
C										
D										

IDENTIFY DAMAGED PROPERTY  
OWNER NAME, ADDRESS, CITY

18  
47  
49  
51  
53  
55  
57  
59  
61  
63  
65



### CERTIFICATION OF INSURANCE

Accident date: _____		Accident location: _____	
<b>DRIVER</b> Name _____		Date of birth _____	Drivers license # _____ State _____
Mail address _____		street or box _____	city _____ state _____ zip _____
<b>OWNER</b> Name _____		Date of birth _____	Drivers license # _____ State _____
Mail address _____		street or box _____	city _____ state _____ zip _____
<b>VEHICLE</b> Year _____		Make _____ Model _____	License Plate # _____ VIN _____
Did you have an automobile liability policy in effect covering this accident?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name of Insurance Company Which Issued Policy		Policy Number	
Name and Address of Policyholder		Policy Period	from _____ to _____
Your Signature _____		Date _____	
<b>MAIL TO FOLLOWING ADDRESS: DIVISION OF MOTOR VEHICLES</b> <b>P.O. BOX 20 • JUNEAU, ALASKA 99802-0020</b>			
Do not write below this line. The Division of Motor Vehicles will contact insurance company.			

**Insurance Verification:** If the motor vehicle liability insurance policy listed above was not in effect for the motor vehicle listed at the time of the accident indicated above, the insurance company is to complete the following and return this form to the Division of Motor Vehicles at the above address. If indicated coverage was in effect at the time of the accident no action is required.

**REASON FOR DENIAL:**

- Policy Expired Before Accident
- Policy Effective After Accident
- Driver Not Covered On Policy

- Policy Number Given is Incorrect
- Lapse in Policy
- Other \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_