

**Westchester County Department of  
Public Works & Transportation**

# **Drivers Manual**

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Westchester  
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# **TABLE OF CONTENTS**

<b>List of Exhibits (Forms)</b>	<b>4</b>
<b>Introduction</b>	<b>5</b>
<b>County Vehicle Policy</b>	
I.    Vehicle Use	6
II.   Compliance with Policies	12
<b>General Information</b>	
I.    Directory of important telephone numbers	16
II.   Agency responsibility for official vehicles	16
III.  Materials in this vehicle	16
IV.   Location of dispatcher	17
V.    Minimize wear & tear/save fuel	17
VI.   Driver responsibilities	18
VII.  Getting an official vehicle from the Motor Pool	18
VIII. Road problems	23
IX.   Incurred cost	25
X.    Driver's penalties	27
XI.   Alternate fuel vehicles	28

## **List of Exhibits (Forms)**

- A. Request for Approval to Drive an Official County Vehicle
- B. Accident Form MV-104 (Also available to download at [www.dmv.ny.gov/forms/mv104.pdf](http://www.dmv.ny.gov/forms/mv104.pdf))
- C. Report of Accident Form
- D. Supplemental Accident Report Form
- E. Proof of Insurance

In case of accident, remember to use the accident forms in the glove box. Samples are at the end of this manual, exhibits A, B, C and D.

## **Introduction**

This is your manual covering the policy, care and use of the official County vehicle which you are presently driving. This manual is to remain in this County vehicle at all times.

Thorough knowledge of the responsibilities of driving a County vehicle and of the services available for the maintenance of the vehicle are essential to enable you to minimize breakdowns and to have the information necessary in the event of a flat tire, mechanical failure, accident or other mishap. This manual will help you to deal with most problems that may arise.

Please note: The County of Westchester will not be responsible for commitments made by employees unless authorized in this manual and/or, made with prior approval of the Department of Public Works & Transportation.

All drivers must be thoroughly familiar with and understand the content of this manual prior to operating a County vehicle.

# County Vehicle Policy

TO: All Department Heads

FROM: George Latimer, County Executive

Below is the County's policy regarding the use of County vehicles and other related automotive use issues. Please make sure your employees are familiar with this policy.

## **I. VEHICLE USE:**

**1. County cars are not to be driven by anyone other than County employees authorized to do so**, except those third parties, their officers, employees, agents and assigns that the County has explicitly authorized to do so by a duly executed contract ("non-County employees"), which contractually obligates such third party, its officers, employees, agents and assigns to abide by all the terms and conditions of this County Vehicle Policy and Driver's Manual. Prior to the execution of such contract, express written authorization for the use of County vehicles by non-County employees shall be obtained from either the County Executive, the Deputy County Executive, the Chief Advisor to the County Executive or the County Attorney in accordance with Executive Order No. 8- 1998.

## **2. Employee Driving Privileges**

The operation of a County vehicle is a responsibility that is most serious in nature. An employee who operates a County owned vehicle assumes a high degree of responsibility and is expected to respect this privilege when undertaking this task.

Employees are permitted to use County vehicles only for approved official purposes in the performance of their duties. No employee will operate a County owned vehicle without a valid driver's license. Any or all driving infractions which impact an employee's ability to perform his/her job may lead to appropriate disciplinary action.

Before any County employee may use a County vehicle, they must be authorized to do so. Employees must complete a "Request for Approval to Drive an Official County Vehicle" form with appropriate Commissioner or Department Head signature (Exhibit A). Forms must be submitted to Risk Management for review and approval.

Employees possessing a NYS driver's license will be monitored by Risk Management via the NYS Dept. of Motor Vehicle LENS program (License Event Notification System) for any changes to the license. Please note that when an employee who receives a suspension, revocation or restriction of his/her driver's license, he/she must notify their Supervisor, and the Office of Risk Management in writing at the time of said suspension, revocation or restriction. Any or all driving infractions which impact an employee's ability to perform his/her job may lead to appropriate disciplinary action.

Employees who possess valid driver's licenses from the state where they reside must submit to Risk Management on an annual basis, proof that their license remains valid and in good standing. Failure to submit such proof will result in removal of County driving privileges.

### **3. Transportation by Personally Owned Vehicles**

The official use of personally owned vehicles must be authorized and shall be restricted to such cases where it is to the advantage of the County. It is the responsibility of Commissioners and Department Heads to prevent incurring of additional expense through the use of personally owned vehicles when common carrier service can be used without undue delay in conducting official business.

County employees may use a personally owned vehicle (and be reimbursed for same) provided they have been authorized to drive an Official County Vehicle, and have received formal approval for the use of the personal vehicle by the Commissioner or Department Head. Formal approval by the Commissioner or Department Head will consist of and include:

(A) Completion of a “Request for Approval to Drive an Official County Vehicle form” by the employee with appropriate Commissioner or Department Head signature (Exhibit A ), which has been reviewed and approved by Risk Management.

(B) Approval from Risk Management that the employee has met the insurance requirements: that the employee has on file a current automobile liability insurance certificate showing coverage of \$100,000/\$300,000 bodily injury and \$25,000 property damage. The document should indicate the effective dates of the policy and name the employee. This insurance requirement must be met whenever an employee wishes to use a personally owned vehicle for official County business. It is also a requirement in order to receive reimbursement for use of a personally owned vehicle. An employee’s failure to meet these requirements may result in the claim for mileage being refused. An employee’s failure to obtain the necessary insurance for a



personally owned vehicle does not excuse the employee from reporting to duty when directed to do so by the department. If an employee uses a personal vehicle for travel on official County business less than five (5) separate trips per month

(Casual use), that employee must present a valid automobile liability insurance certificate to the office of Risk Management (Coverage requirements in 3B above are waived).

**4. Vehicles are to be used for official purposes only.**

Official use shall be defined as being directly related to the performance of official duties or activities conducted under official authorization.

**5. Listed below are the guidelines to follow with regard to the use of County vehicles, during the other than normal working hours:**

(A) Emergency on-call status;

(B) For official County business other than normal working hours;

(C) In connection with approved travel whereby an employee or a non- County employee is en route to a destination and/or the hours of travel make start from and return to a County facility unreasonable;

(D) For field personnel when travel distance between home and field location is significantly less than from duty station to field location and it is clearly to the County's benefit to have a vehicle so assigned;

(E) Other cases will be considered individually in regard to the nature of the job function and the demonstrated need for permanent, semi-permanent, or temporary assignment of a County vehicle.

(F) Any contractual obligations relating to County vehicle use applicable to a third party, its officers, employees, agents and assigns whom the County has explicitly authorized to use a County vehicle in a duly executed contract pursuant to subsection I (1) above.

**6. Assignment of vehicles to commissioners** and department heads will be subject to policies established by the County Executive; these personnel are deemed to be on call at any hour and may use their vehicles accordingly.

**7. Assignment of vehicles for the use of the principal subordinates of commissioners** or department heads will be subject to general guidelines and will require recommendation and justification by the department heads with final approval by the County Executive.

**8. Other assignment of vehicles** will be subject to general guidelines and will require recommendation and justification by the department head.

**9. All parking and traffic laws** and regulations must be strictly observed by drivers of County vehicles. Any fines will be the responsibility of the driver, and all violations and accidents will be reported to:

- Risk Management (995-2740).

- Central County Garage (995-4961).

In addition, drivers must comply with the notice provisions set forth in Section X of the Driver's Manual, "Driver Penalties."

**10. Any employee or non-County employee driving a** County vehicle must be authorized to do so by the employee's department head or for a non-County employee pursuant to subsection I (1) above, and shall meet all requirements established by the Director of Risk Management.

**11. Any non-County employee driving a** County vehicle pursuant to subsection I (1) above or riding in a County vehicle as a passenger must be participating in County business.

**12. In those instances where the employee or non-County employee driving a** County vehicle pursuant to subsection I (1) above takes the County vehicle to his or her home, the vehicle is not to be parked on a public street overnight.

**13. County vehicles are not to be stored outside of the County** unless specifically authorized.

**14. No additional equipment is to be installed** in County vehicles without prior written consent of the Commissioner of Public Works & Transportation. This includes but is not limited to: telephones, radios, C/D players, GPS, window tinting, laptops, etc.

## **II. Compliance with Policies**

Compliance will be monitored, and where necessary, enforced through the following procedures:

1. Department of Public Works & Transportation procedures.
2. Department supervision of employees and assignments.
3. Disciplinary procedures by Personnel and Law Department.
4. Risk Management.
5. Vehicle Safety Review Board (“VSRB”). The purpose of the VSRB is to help determine the cause or causes of an accident and to arrive at the necessary corrective action. The board is fact finding, not fault finding and this is the board most difficult and crucial responsibility. The VSRB responsibilities include:
  - Reviewing individual accident cases of employees within their functional area and/or department(s).
  - Making decisions as to whether accidents are preventable or not preventable. This determination is intended to enhance the County’s Loss Control Program.
  - Making recommendations to Department Heads as to ways to avoid accidents and improve safety in departments.
  - GPS is currently used in various vehicles to determine speed, idle time, location and time of use. Be aware of this while operating the vehicle. Results are handled by the VSRB.

6. For a non-County employee, the employer ("non-County employer") of all such non-County employees shall notify all such non-County employees authorized to use County vehicles that use of a County vehicle in violation of the terms and conditions of this policy ("unauthorized use") will result in the immediate suspension of such non-County employee's privilege to drive County vehicles and appropriate disciplinary action, including possible termination of employment of such non-County employee by his/her non-County employer. In the event that such non-County employer learns of unauthorized use of a County vehicle by its non-County employee, such non-County employer must promptly take appropriate disciplinary action against such employee to enforce this policy. Lack of timely enforcement of this policy by such non-County employer will be grounds for termination of the contract by the County. To the extent that such a contract is with an individual or with a person who is both an owner and employee ("owner/employee") of the company, violation of this policy by such individual or owner/employee may also be used as the sole grounds for termination of such contract by the County.

**NO SMOKING IS PERMITTED IN ANY  
COUNTY VEHICLE.**

## **Seat Belts**

Seat Belts are required to be worn at all times when operating and/or riding in a County vehicle. NEW YORK STATE LAW requires seat belts to be worn at all times.

## **Child Safety Seats**

Child Safety Seats should be properly installed in a rear seat, not in the front passenger seat, due to new vehicle airbags and the seat is to be removed after use.

## **Cell Phones and Portable Devices**

At no time shall cell phones or other devices be operated without use of “hands free” equipment while vehicle is in motion as per N.Y.S. law. Drivers shall not wear ear buds or headphones while driving as this might impair the driver’s ability to hear sirens or other critical warnings.

## **Texting**

Texting while driving a County vehicle is strictly forbidden as per N.Y.S law.

## **Penalties**

1. Unauthorized use of a County vehicle will result in the immediate suspension of the employee's driving privileges and appropriate disciplinary action, up to and including possible termination of employment with the County.

2. Failure to use seat belts will result in an immediate suspension of the employee's driving privileges. (This penalty will be invoked after one appropriate warning).
3. For non-County employees, see Section II, subsection 6.
4. Restoration of privileges to drive County vehicles will necessitate a written request from the department head and for non-County employees, a new grant of permission from the County Executive, Deputy County Executive, Chief Advisor to the County Executive or the County Attorney in accordance with Executive Order No.8-1998.

## **General Information**

### **I. Directory of Important Automotive Operations Phone Numbers**

Central County Garage            995-4961 or 995-6232

Central Motor Pool                995-3905 or 995-3472

Westchester County Police    864-7890

(24 hours and emergencies)   864-7832

### **II. Agency Responsibility**

Official vehicles in the County's motor pool are under the responsibility of the Department of Public Works & Transportation. These vehicles are serviced and maintained by Department of Public Works & Transportation personnel only.

### **III. Materials in this Vehicle**

1.      This manual
2.      Proof of Insurance card
3.      County Accident Forms



## **IV. Location of Dispatcher**

The Department of Public Works Dispatcher is located in the County Office Building Parking Lot. The Dispatcher staff is on duty 7:30 a.m. - 5:30 p.m. Telephone 995-3905 or 995-3472

If an official vehicle is required after these hours, arrangements for a late pickup should be made with the dispatcher before 3 PM.

## **V. Minimize Wear & Tear/Save Fuel**

1. Avoid jack-rabbit starts. Moderate starts allow a vehicle to reach its best operating range in the shortest time interval.
2. Reduce idling time. Excessive idling not only burns gasoline unnecessarily, but also contributes to engine problems and adds to environmental hazards.
3. Drive at moderate speeds. High driving speeds burn gasoline at an excessive rate. Reduce your speed and allow yourself a little more time to reach your destination. Compliance with posted speed limits is mandated.

## **VI. Driver Responsibilities (see also Section X)**

1. A County employee must first have his or her department's approval to use a County vehicle (see Section VII). County employees authorized to use a County vehicle must have a valid Operator's License from the State of New York or the state in which the employee resides. The Operator's License must be carried on your person when using a county vehicle.
2. A copy of the registration for each vehicle is located in the glove compartment and the inspection sticker should be current. If it is not, please report this to the dispatcher as soon as possible.
3. You are permitted to use a County vehicle only for approved official purposes in the performance of your job. Abuses are subject to appropriate disciplinary action.
4. County vehicles permitted for overnight assignment are not to be parked on the public street.

## **VII. Getting an Official Vehicle from the Motor Pool**

The following conditions must have been met prior to an employee withdrawing a vehicle from the motor pool:

- That the employee has filed a Request for Approval to Drive an Official County Vehicle (Exhibit A) form with the Director of Risk Management.
- That the employee's Department/Division has really asked the questions "Is this trip necessary?", "Could better administrative scheduling have avoided the use of the car?" and "Is carpooling an option?"

## **A. Motor Pool Policy**

1. Daily reservations can only be made a maximum of one work day in advance. Those made earlier will be cancelled without notice.
2. Overnight reservations can be made up to one month in advance. Send an e-mail with all the information pertaining to the trip to DPW Motor Pool- White Plains. However you must still have the existing paper form approved by the Budget Department, in addition to making your on-line reservation.
3. Reservations may only be made in the Motor Pool to which your department is assigned. If your department has a Motor Pool at a different location it is up to the employee to contact that division to obtain authorization to use those vehicles.
4. Only the employee(s) whose name appears on the reservation will be allowed to pick up the vehicle. If you have multiple drivers you must enter them under the primary operator's name. All employees must present ID when picking up their vehicle.
5. In the event of computer failure the paper forms will be used as temporary backup.
6. It is recommended that drivers picking up a vehicle have the reservation form with them. Even though the information is available at the dispatch window, having the printed reservation will accelerate the process, and will be

the only proof of a reservation if the motor pool is having a problem with their computer.

7. If you do not claim your vehicle within 1 hour after your pick up time, your reservation will be cancelled.
8. If your vehicle breaks down, flat tire, etc. the current policy of calling the motor pool remains in effect. If motor pool is closed call Westchester County Police at 864-7890.
9. Be aware that the number of vehicles is limited, so the unnecessary use of vehicles for stand-by purposes is discouraged.
10. Grounding of County Fleet is done by the DPW Automotive Division only!
11. This will be done though the Fleet Focus System Message Board.

## **B. How to Reserve a Vehicle**

1. Complete the electronic Department of Public Works Motor Pool Vehicle Reservation.
2. Take the Department of Public Works Reservation Form to Department of Public Works Motor Pool or your departmental dispatcher.
3. If all is in order, the dispatcher will assign you a vehicle; give you a set of car keys, and a dispatch ticket. You take

the keys and ticket, and go to the parking lot or the parking structure.

4. Upon entering the assigned pool car, check the odometer reading which has been recorded by the dispatcher. If the reading doesn't match, please notify the dispatcher.
5. Check, notate on the Trip Ticket and notify Dispatcher of any damage to the interior or exterior of the vehicle before leaving.
6. Before leaving the parking area, please check to see that lights, horn, turn signals, brakes and windshield wipers are in proper working order. Preventive maintenance is the responsibility of the Department of Public Works & Transportation motor pool personnel; they will see to it that oil, fuel, radiator coolant, tire pressure, and battery charging are sufficient to keep the County vehicle in safe operating condition. Interior and exterior cleaning of the County vehicle will also be taken care of by the Department of Public Works motor pool personnel. Should you note any problems, please call them to the attention of the dispatcher as soon as possible.

**C. Returning a Vehicle to the Motor Pool**

1. Record return mileage and time (military 00:00 to 24:00) on Trip Ticket.
2. Sign Trip Ticket.
3. Note any problems or body damage on dispatch Trip Ticket and bring to the attention of the Dispatcher.

4. Return keys and Trip Ticket to the dispatcher. Remove any child safety seats from vehicle.
5. Remove any trash from the vehicle and properly dispose of it.
6. Pick up any business and personal items left in the car.

#### **D. Late Returns of Vehicles**

Should it be necessary to return the vehicle to the Michaelian Office Building (MOB) after 5:30 PM, complete the steps listed in Section VII (C) above. Do not leave the key in the car. An after-hours deposit box is located at the Motor Pool office. Keys and dispatch ticket are to be deposited in this box. All vehicles returned after 5:30 PM are to be parked in the open MOB lot.

#### **E. Tolls and Parking Fees**

EZ Pass is installed on 90% of all Motor Pool vehicles. If your trip will involve going through a toll or over a bridge, verify the EZ Pass tag is installed on the front license plate. If a Tag isn't present, check with the Dispatcher for another vehicle.

Reimbursement for parking fees paid by the employee while using a pool vehicle must be processed by the employee's respective department. In purchasing an item required for the operation of the County vehicle, you are exempt from the Sales Tax. Give the vendor the Employer Identification Number 13-6007353W, which will exempt you from paying tax.

## **F. Special Situations**

For special arrangements not covered by the above basic steps, please call the dispatcher as far ahead of time as possible at 995-3905 or 995-3472.

## **G. Inclement Weather**

Due to deteriorating weather conditions the automotive fleet may be grounded by DPW Automotive Division. All vehicles if on the road should return as soon as possible to their assigned locations. No vehicles will be allowed to be used except approved designated emergency vehicles.

## **VIII. ROAD PROBLEMS**

Your first phone call should always be to the Motor Pool at 995-3905. The backup telephone number at the Central County Garage is 995-4961. If after hours call Westchester County Police 864-7890.

### **Obtaining Gasoline**

County-owned gasoline pumps may be found at the following locations:

#### **Hawthorne - No Lead**

Department of Public Safety

(24 Hour - For Emergency Service Only)

Saw Mill River Parkway

Hawthorne Circle

Phone: 864-7890 County I.D. required

**Peekskill (24 Hour) - No Lead**

Peekskill District Office Building

Main Parking Lot - County I.D. required

Phone: 862-5000

**Valhalla (24 Hour) - No Lead and Diesel Fuel**

Department of Public Works

Division of Auto Operation - County I.D. required

Valhalla Campus behind operations building

**White Plains - No Lead and Diesel Fuel**

Central County Garage 8 AM - 4 PM

38 Brockway Place - County I.D. required

Phone: 995-4961 or 995-6232

**County Office Building (24 Hours) - No Lead**

Parking Lot Open Monday - Friday 7:30 AM - 5:30 PM

Court Street, White Plains - County I.D. required

Phone: 995-3905

In using the above mentioned locations, the driver is responsible for using the Automated Fuel Dispensing System.



## **IX. Incurred Costs and Equipment Failure**

1. To cover those situations where a County-owned gasoline pump is not available, you are authorized to purchase up to \$10.00 worth of gasoline and/or oil and proceed to the nearest County gas pump location. Use County locations whenever possible.
2. In the event of having a dead battery, Employees are not to attempt jump starting the vehicle. Call the Motor Pool at (914) 995-3905 / (914) 995-3472, or the County Garage at (914) 995-6232 / (914)995-4961 for assistance.
3. In the event of a flat tire, employees should be able to change tires with the equipment provided in the trunk. Employees who are not able to do so should call the Motor Pool at (914) 995-3905, (914) 995-3472 or County Garage at (914) 995-6232 / (914) 995-4961 for assistance.
4. If mechanical problems occur with a County vehicle between the hours of 8:00 AM to 5:00 PM weekdays, call the dispatcher at (914) 995-3905. The dispatcher will assist you on the basis of the information you provide and will relay the information to the Head Automotive Mechanic or his assistant at the Central County Garage who will either send out a mechanic or call the towing service for you. If you have a problem and the Dispatcher's Office is not open call County Police at (914) 864-7832 or 864-7890.

## Things to Remember:

- DO NOT permit local garages to do work on County vehicles without authorization from Department of Public Works & Transportation.
- Provide a phone number where you can be reached.
- Describe the problem to the dispatcher to the best of your ability.
- Provide an accurate description of your location.
- Stay with the vehicle until you are advised otherwise by the dispatcher.

5. Notify the dispatcher immediately at 995-3905 in all accident cases. Call the local police and request that a police report be taken of the accident. The driver is responsible to obtain a copy of the police report and submit it to the Westchester County Office of Risk Management. Whether another car is involved or not, an accident report must be completed immediately. Get all information at the scene of the accident and submit the accident form MV-104 (see Exhibit B). NOTE: This form is also available to download at <http://www.dmv.ny.gov/forms/mv104.pdf>) and the Supplemental Accident Report form to Risk Management and the Central County Garage within 24 hours. Blank forms are in the glove compartment.

6. In the event of any accident, regardless of how minor, the vehicle(s), if drivable, must be brought to the Central County Garage, 38 Brockway Place, as soon as possible; certainly within 24 hours. This, of course, does not apply to more serious accidents where the vehicles must be towed to the Central County Garage.

7. If it is necessary to make an emergency purchase of an item required for the operation of the County vehicle, you are exempt from New York State Sales Tax. Give the vendor the Employer Identification Number 13-6007353-W, which will exempt you from paying the tax.

## **X. DRIVER PENALTIES**

Drivers whose licenses have been suspended, revoked or otherwise restricted by a State Department of Motor Vehicles, a court or a police authority must notify the Westchester County Office of Risk Management in writing at the time of said suspension, revocation, or other restriction. This notice is intended to impose upon an employee or non-County employee authorized to drive a County vehicle under Section 1, above, the responsibility of immediately notifying County Risk Management of his or her suspension, revocation or restriction of driving privileges. An employee or non-employee authorized to drive a County vehicle whose license to drive has been suspended, revoked or otherwise restricted should not attempt to drive a County vehicle or any other vehicle while on County business. Operation of a County vehicle by an employee or non-employee authorized to drive a County vehicle whose license has been suspended, revoked or otherwise restricted is an unauthorized use of a County vehicle and is subject to discipline.

The commission of driving infractions while operating a County vehicle or the unauthorized use of a County vehicle may be the subject of appropriate disciplinary action in addition to the suspension or revocation of County driving privileges.

## **XI. Alternative Fuel Vehicles**

The County of Westchester has three types of Alternative Fuel Vehicles:

1. Hybrid
2. Plug-in Hybrid
3. Battery Electric

All of the County policies and procedures in this manual apply to the use of these vehicles.

DEPARTMENT OF LAW, Division of Risk Management  
REQUEST FOR APPROVAL TO DRIVE AN OFFICIAL COUNTY OF WESTCHESTER VEHICLE

ANTHONY DIBUONO, JR.  
Director of Risk Management

DATE: \_\_\_\_\_

MOB I Suite 241

Ph. # 995-2740 Fax # 995-2707

Departmental Administrative Unit - \* Complete This Section

From: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Department \_\_\_\_\_ Fax # \_\_\_\_\_

Employee Name: _____	New: _____
Starting date of employment with the County: ____/____/____	Transfer: _____
Title: _____	Unit Code: _____
Is driving a motor vehicle a condition of employment? Yes: _____ No: _____	
Is a CDL license a requirement? _____ If YES, must clear Human Resources Dept. requirements	
Permission to drive personal vehicle for County business? Yes: _____ No: _____	
If YES, Commissioner or Dept. Head signature* (below) as well as submission of personal auto insurance info. is required	
<b>*Commissioner or Dept. Head Signature</b> _____	

EMPLOYEE INFORMATION

Note: Failure to print information exactly as it appears on NYS driver's license will result in delays in processing this request. Employee must sign this form\*\* (below) to authorize DMV records search.

Name: \_\_\_\_\_  
Last First Initial  
Address: \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male \_\_\_\_\_ Female: \_\_\_\_\_

**\*\*Employee Signature**

SSN:    -         
NYS Driver's License #:

APPROVED

DENIED

For States Other Than NY .... Which State? \_\_\_\_\_

Other State License #

Exhibit A



## SECTION A

You must report within 10 days any accident occurring in New York State causing a fatality, personal injury or damage over \$1,000 to the property of any one person. Failure to do so within 10 days is a misdemeanor. Your license and/or registration may be suspended until a report is filed. Check the "RUSH" box at the top of page 1 if your license is suspended for failure to report this accident on time. You must fill in all information requested on the report.

Then fill in the boxes numbered 1-7 and 23-30 in the right margin on page 1 by entering the number of the item from Section B that best describes the circumstances of the accident. If a question does not apply, enter a dash ("—"). If you do not know an answer, enter an "X".

INSTRUCTIONS - PLEASE PRINT OR TYPE ALL INFORMATION - USE BLACK INK  
\* First - fold along this shaded, dotted line \*

Don't fold in front form. Instead, place page 2 over page 1, with the arrows on page 2 pointing to the boxes on the right edge of page 1.

**VEHICLE INVOLVEMENT** - If you were in an accident involving:

- **two cars**, enter your information in the VEHICLE 1 section and the other driver's information in the VEHICLE 2 section.
- a **pedestrian, bicyclist or other pedestrian** (a person using a non-motorized conveyance such as in-line skates, skateboard, sled, etc.), enter the information in the "Driver" spaces provided for Vehicle 2, and check the PEDESTRIAN, BICYCLIST or OTHER PEDESTRIAN box.
- a **vehicle other than a motor vehicle** (such as a snowmobile, mini-bike, aircycle, all-terrain vehicle, mail bike, or other non-motor vehicle), enter the driver, registrant and vehicle information in the space provided for VEHICLE 2.
- an **unoccupied vehicle**, enter all available information. Be sure to enter the correct vehicle Plate Number and Vehicle Type in the VEHICLE 2 block.
- **more than two vehicles**, fill out additional accident reports. On these reports, place the information for the third vehicle in the space marked VEHICLE 1 and mark it #3. Use the space marked VEHICLE 2 for the fourth vehicle, and mark it #4 and so on. Additional forms are available at any Motor Vehicle office or from the DMV website: [www.dmv.ny.gov](http://www.dmv.ny.gov).

- 1 DRIVER** - Enter the information for each driver EXACTLY as it appears on his/her driver license.
- 2 REGISTRANT** - Enter registrant information EXACTLY as it appears on the registration of each vehicle involved in the accident.
- 3 VEHICLE DAMAGE** - Indicate if the accident exceeds the \$1,000 threshold for property damage to any one vehicle or property caused by the accident, and describe the vehicle damage.
- 4 ACCIDENT LOCATION** - Enter the county, locality and street(s) where the accident occurred. Check the box if there is an intersecting street. If available, identify a permanent landmark nearby, such as a business, school, shopping mall, parking lot, water tower, railroad, mountain or cell tower.
- 5 ALL INVOLVED** - List the names of all persons involved in the accident, and provide the date of death if anyone was killed in, or as a result of, the accident. If more than four people are involved, complete another report. In the ALL INVOLVED section of that report, provide the required information for everyone else involved in the accident. Enter the following codes in the appropriate columns:

**WHICH VEHICLE OCCUPIED (Column 8)** - Enter the appropriate number or letter.

1. Vehicle 1    2. Vehicle 2    B. Bicyclist    P. Pedestrian    O. Other Pedestrian

**POSITION IN VEHICLE (Column 9)** - Enter the number from this diagram which corresponds to each person's position.

1. Driver    2-7. Passengers    8. Riding/Hanging on Outside

**SAFETY EQUIPMENT USED (Column 10)**

1. None    7. Air Bag Deployed  
2. Lap Belt    8. Air Bag Deployed/Lap Belt  
3. Shoulder Restraint    9. Air Bag Deployed/Shoulder Restraint    C. Helmet Only  
4. Lap Belt Restraint    A. Air Bag Deployed/Lap Belt/Restraint    D. Helmet/Other  
5. Child Restraint Only    B. Air Bag Deployed/Child Restraint    E. Pads Only  
6. Helmet (Motorcycle Only)    O. Other    F. Stoppers Only

**INJURY (Columns 16A-C)** - Check all column(s) that apply and DESCRIBE INJURIES.

- A - Severe lacerations, broken or distorted limbs, skull fracture, crushed chest, internal injuries, unconscious when taken from the accident scene, unable to leave accident scene without assistance.  
B - Lump on head, abrasions, minor lacerations.  
C - Momentary unconsciousness, limping, nausea, hysteria, complaint of pain (no visible injury), whiplash (complaint of neck and head pain).

- 6 INSURANCE** - Enter damage to private property, if any, insurance policy information and VIN. Attach additional reports to page one. Each page of the report must be numbered in the upper left corner. Mark additional sheets #2, #3, etc. Date and sign on the bottom line of each attached report. THE REPORT MUST BE SIGNED BY THE DRIVER OF VEHICLE 1, UNLESS HE OR SHE IS UNABLE TO SIGN BECAUSE HE/SHE IS INJURED OR DECEASED.

Send original to:  
CRASH RECORDS CENTER  
6 EMPIRE STATE PLAZA  
PO BOX 2925  
ALBANY NY 12220-0925

## SECTION B

USE TO COMPLETE

BOXES 1-7 and 23-30 ON PAGE 1

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN LOCATION

1. Pedestrian/Bicyclist/Other Pedestrian at Intersection  
2. Pedestrian/Bicyclist/Other Pedestrian Not at Intersection

PEDESTRIAN/BICYCLIST/OTHER PEDESTRIAN ACTION

1. Crossing With Signal  
2. Crossing Against Signal  
3. Crossing, No Signal, Marked Crosswalk  
4. Crossing, No Signal or Crosswalk  
5. Riding/Walking/Skating Along Highway With Traffic  
6. Riding/Walking/Skating Along Highway Against Traffic  
7. Emerging from in Front of/Behind Parked Vehicle  
8. Going to/from Stopped School Bus  
9. Getting On/Off Vehicle Other Than School Bus  
10. Working in Roadway  
11. Playing in Roadway  
12. Not in Roadway  
13. Other Actions in Roadway

TRAFFIC CONTROL

1. None  
2. Traffic Signal  
3. Stop Sign  
4. Flashing Light  
5. Yield Sign  
6. Officer/Guard  
7. RR Crossing Sign  
8. RR Crossing Flashing Light  
9. RR Crossing Gates  
10. Stopped School Bus-Red Lights Flashing  
11. Construction Work Area  
12. Maintenance Work Area  
13. Utility Work Area  
14. Police/Fire Emergency  
15. School Zone  
16. Other

LIGHT CONDITIONS

1. Daylight  
2. Dawn  
3. Dusk  
4. Dark-Road Lighted  
5. Dark-Road Unlighted

ROADWAY CHARACTER

1. Straight and Level  
2. Straight and Grade  
3. Straight at Hillcrest  
4. Curve and Level  
5. Curve and Grade  
6. Curve at Hillcrest

ROADWAY SURFACE CONDITION

1. Dry  
2. Wet  
3. Muddy  
4. Snow/Ice  
5. Slush  
6. Roaded  
0. Other

WEATHER

1. Clear  
2. Cloudy  
3. Fog/Smog/Smoke  
4. Snow  
5. Sleet/Hail/Freezing Rain  
6. Other

DIRECTION OF TRAVEL

1. North  
2. Northeast  
3. East  
4. Southeast  
5. South  
6. Southwest  
7. West  
8. Northwest

PRE-ACCIDENT VEHICLE ACTION

1. Going Straight Ahead  
2. Making Right Turn  
3. Making Left Turn  
4. Making U Turn  
5. Starting from Parking  
6. Starting in Traffic  
7. Stopping or Stopping  
8. Stopped in Traffic  
9. Entering Parked Position  
10. Other  
11. Avoiding Object in Roadway  
12. Changing Lanes  
13. Passing  
14. Merging  
15. Backing  
16. Making Right Turn on Red  
17. Making Left Turn on Red  
18. Police Pursuit  
19. Other

LOCATION OF FIRST EVENT

1. On Roadway  
2. Off Roadway

TYPE OF ACCIDENT

1. Other Motor Vehicle  
2. Pedestrian  
3. Bicyclist  
4. Animal  
5. Railroad Train  
6. In-Line Skater  
7. Deer  
8. Other Pedestrian  
9. Other Object (Not Fixed)

COLLISION WITH FIXED OBJECT

11. Light Support/Utility Pole  
12. Guide Rail - Not At End  
13. Crash Cushion  
14. Sign Post  
15. Tree  
16. Building/Wall  
17. Strong  
18. Fence  
19. Bridge Structure  
20. Culvert/Head Wall  
21. Median - Not At End  
22. Snow Embankment  
23. Earth Embankment/Rock Cuts/Ditch  
24. Fire Hydrant  
25. Guide Rail - End  
26. Median - End  
27. Barrier  
28. Other Fixed Object

NO COLLISION

31. Overturned  
32. Fire/Explosion  
33. Submersion  
34. Ran Off Roadway Only  
0. Other

## REPORT OF ACCIDENT FORM

After an accident involving a county vehicle ... obtain, fully complete, and sign the following forms:

1. REPORT OF ACCIDENT FORM
2. MV 104 FORM
3. SUPPLEMENTAL ACCIDENT REPORT (when appropriate)
4. POLICE REPORT

SEND ORIGINAL TO: Director Of Risk Management – MOB I / Suite 241  
Phone # 995-2740 Fax # 995-2707

SEND A COPY TO: Appropriate Motor Pool or the County Garage

EMPLOYEE'S NAME: \_\_\_\_\_ DEPT. \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ BUSINESS PHONE #: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_ AM \_\_\_\_\_ PM

FLEET #: \_\_\_\_\_ NO. OF VEHICLES INVOLVED: \_\_\_\_\_ ANY INJURIES? \_\_\_\_\_

DID POLICE INVESTIGATE? \_\_\_\_\_ WHAT POLICE DEPT? \_\_\_\_\_ REPORT # \_\_\_\_\_

LOCATION OF DEPARTURE: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

PURPOSE OF TRIP: \_\_\_\_\_

YOUR DESCRIPTION OF ACCIDENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of damage to *County* Vehicle: ( )None ( )Slight ( )Moderate ( )Heavy

Amount of damage to *Other* Vehicle: ( )None ( )Slight ( )Moderate ( )Heavy

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

11/03

Exhibit C



## SUPPLEMENTAL ACCIDENT REPORT FORM

At the scene of an accident ask the **OTHER DRIVER** for the following information:

NEW YORK STATE INSURANCE IDENTIFICATION CARD	
Code # _____	Company _____
Name and Address: _____ _____ _____	
Policy Number _____	Effective Date _____
Expiration Date _____	
Year _____	Make _____

NEW YORK STATE REGISTRATION	
Plate # _____	
Year _____	Make _____
Name & Address: _____ _____ _____	

NEW YORK STATE DRIVER LICENSE	
ID #: _____	
Date of Birth ____ / ____ / ____	
Name & Address: _____ _____ _____	

Exhibit D

# INSURANCE CODE

994



**Central Garage**  
**38 Brockway Place**  
**W Plains NY 10601**

## **PLEASE READ**

**If you experience car trouble or accident  
with county vehicle please call**

**White Plain's Motor Pool**  
**(914) 995-3905 or (914) 995-3472**  
**7:00 AM – 6:00 PM**

**OR**

**Central County Garage (914) 995-4961**  
**8:00 AM – 4:00 PM**

**After 4:00 PM please notify the Westchester  
County Police at (914) 864-7700**

**ATTENTION: This Westchester County Vehicle  
is self insured for liability as per section 321,  
article 6 of the NY State Vehicle Traffic Law.**