

(was MCCMH Policy 5-04-041)

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Chapter: **DIRECTLY-OPERATED PROGRAM MANAGEMENT**  
Title: **USE AND MAINTENANCE OF COUNTY / PERSONAL VEHICLES**

Prior Approval Date: 4/24/08  
Current Approval Date: 10/28/08

Approved by: Donald J. Habbert / 10/28/08  
Executive Director Date

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**I. Abstract**

This policy establishes the standards and procedures of the Macomb County Community Mental Health Board (MCCMH) for the monitoring of driver eligibility, the use and maintenance/inspection of County-owned or leased vehicles assigned to MCCMH, and the use of personal vehicles on County business.

**II. Application**

This policy shall apply to all MCCMH administrative offices staff and directly-operated network providers of the MCCMH Board.

**III. Policy**

It is the policy of the MCCMH Board to ensure the safe operation of County-owned or leased vehicles and the personal vehicles used on County business and that the operators and the vehicles comply with all of the laws of the State of Michigan which pertain to driving, including any and all safety regulations.

**IV. Definitions**

A. None.

**V. Standards**

A. General

1. Monitoring of driving records and driver's license status of MCCMH employees to whom this policy applies, and actions taken as a result of information thereby obtained, shall comply with the Macomb County Policy on the Use and Operation of County-Owned Vehicles and Personal Vehicles on Behalf of Macomb County (Exhibit A).

2. Each MCCMH employee shall be expected to read and adhere to the Macomb County Policy on the Use and Operation of County-Owned Vehicles and Personal Vehicles on Behalf of Macomb County (Exhibit A).
3. The MCCMH Board shall, on an annual basis, review a sampling of the MCCMH Vehicle Safety Inspection form (Exhibit B) and the MCCMH Daily Pre-Trip Inspection Check List (Exhibit C).
4. Chauffeur's licenses shall be required for MCCMH employees who transport members of the public in County-owned vehicles.
5. Drivers who transport the public shall be provided with training in emergency procedures pursuant to MCCMH MCO Policy 10-052.
6. **MCCMH individual service contractors (non-County employees) shall not use Macomb County owned or leased vehicles for transportation.**

B. County-Owned or Leased Vehicles

1. Those individuals who operate County-owned or leased vehicles shall comply with the Macomb County Policy on the Use and Operation of County-Owned Vehicles and Personal Vehicles on Behalf of Macomb County (Exhibit A).
2. Maintenance and inspection of County-leased or owned vehicles shall comply with the provisions of the Macomb County Policy on the Use and Operation of County-Owned Vehicles and Personal Vehicles on Behalf of Macomb County (Exhibit A).
3. New employees, whose jobs are known to require the operation of a County vehicle, shall complete the County Vehicle Use Forms (Exhibit D) at the Macomb County Employee Orientation, and shall present a copy of their driver's licenses for copying.
4. In the event that a new employee is not clear as to whether his/her job function includes the operation of a County vehicle, the employee's Supervisor shall be responsible for ensuring that the individual completes a County Vehicle Form and submits a copy of his/her driver's license to the Macomb County Risk Management Department as soon as this information is ascertained. Risk Management shall forward the information to Macomb County Human Resource Department.
5. All County-owned vehicles shall be inspected and maintained in accordance with the Macomb County Sheriff's Department Rehabilitation Program.
6. Copies of Emergency Procedures shall be maintained in each County-owned or

leased vehicle pursuant to MCCMH MCO Policy 10-052.

7. Smoking in vehicles owned or leased by Macomb County is prohibited.
8. A family that indicates an inability to transport a minor consumer to an authorized MCCMH mental health service location shall be evaluated for other assistance in transportation as a part of the plan of service. The transportation of a minor consumer in a Macomb County owned or leased vehicle shall only be done if the minor consumer is accompanied by a responsible adult (parent or legal guardian), and shall be done in accordance with the [State of Michigan's Child Passenger Safety Law](#) and applicable federal standards [\(49 CFR 571.213\)](#).

#### C. Personal Vehicles

1. Current MCCMH employees who operate personal vehicles on County business shall comply with the Macomb County Policy on the Use and Operation of County-Owned Vehicles and Personal Vehicles on Behalf of Macomb County (Exhibit A).
2. New employees, whose jobs are known to require the operation of their personal vehicles, shall complete the Personal Vehicle Use Policy Forms (Exhibit E) at the Macomb County Employee Orientation and shall present a copy of their driver's licenses and proofs of insurance for copying.
3. In the event that a new employee is not clear as to whether his/her job function includes the operation of his/her personal vehicle, the employee's Supervisor shall be responsible for ensuring that the individual completes a Personal Vehicle Form and submits a copy of his/her driver's license and proof of insurance to the Macomb County Risk Management Department as soon as this information is ascertained. Risk Management shall forward the information to Macomb County Human Resource Department.
4. Thereafter, the employee shall submit updated proof of insurance information to his/her Supervisor in the event he/she makes significant changes to the insurance policy (i.e. switches carriers). The Supervisor shall forward the updated proof of insurance information to the Macomb County Risk Management Department, who shall forward the information to Macomb County Human Resource Department.

## VI. Procedures

### A. New Employees

1. When the MCCMH Personnel Clerk or other clerical staff member sends a letter of confirmation to a new employee, he/she shall send a copy of the letter, and a copy

of the Macomb County Policy on the Use and Operation of County-Owned Vehicles and Personal Vehicles on Behalf of Macomb County (Exhibit A) to the Supervisor at the individual's new work site, along with a memorandum to the Supervisor.

2. Upon reporting to his/her MCCMH work site, each new MCCMH employee shall be expected to read and adhere to the Macomb County Policy on the Use and Operation of County-Owned Vehicles and Personal Vehicles on Behalf of Macomb County.
3. Prior to driving a County-owned or leased vehicle, a MCCMH employee shall complete and sign a County Vehicle Use Form (Exhibit D) at the Macomb County Employee Orientation, and present his/her driver's license for copying. If the employee did not sign this form at the new employee orientation, his/her Supervisor shall ensure that he/she completes this form and submits it to the Macomb Risk Management Department, along with a copy of the employee's driver's license.
4. Prior to driving a personal vehicle on County business, a MCCMH employee shall complete and sign a Personal Vehicle Use Form (Exhibit E) at the Macomb County Employee Orientation, and present his/her driver's license and proof of insurance for copying. If the employee did not sign this form at the new employee orientation, his/her Supervisor shall ensure that he/she completes this form and submits it to the Macomb Risk Management Department, along with a copy of the employee's driver's license and proof of insurance.

#### B. Current Employees

1. Each current MCCMH employee/independent contractor shall read and adhere to the Macomb County Policy on the Use and Operation of County-Owned Vehicles and Personal Vehicles on Behalf of Macomb County (Exhibit A).
2. Each current MCCMH employee who has completed a Personal Vehicle Use Form (Exhibit E) under the provisions of this policy shall be responsible for providing his/her Supervisor with updated proof of insurance in the event that significant changes have been made to his/her policy (i.e. change in carrier.) The Supervisor shall forward this updated information to the County Risk Management Department who shall be responsible for forwarding this information to the County Human Resource Department.

#### C. Accident Reporting

1. The employee shall report any and all automobile accidents while on County business on the Macomb County Vehicle Accident / Incident Report (Exhibit F) to the Risk Management & Safety Department within twenty-four (24) hours after the

accident.

D. Mileage Reimbursement

1. Before any employee is reimbursed for mileage for use of his/her personal vehicle, he/she shall complete the Monthly Mileage Report (Exhibit G) and present same to his/her department head for approval.

E. MCCMH Program Managers, in conjunction with Program Supervisors, shall ensure:

1. Training for drivers, including training in emergency procedures pursuant to MCCMH MCO Policy 10-052, "Emergency Procedures - Vehicles"; and
2. Maintenance of the MCCMH Vehicle Safety Inspection forms (Exhibit B), the Pre-Trip Inspection Check Lists (Exhibit C), and the County of Macomb Vehicle Surveys (Exhibit H).

**VII. References / Legal Authority**

- A. Macomb County Policy on the Use and Operation of County-Owned Vehicles and Personal Vehicles on Behalf of Macomb County
- B. Commission on Accreditation of Rehabilitation Facilities (CARF) 2007 Standards Manual, §1. E., "Health and Safety," 9., 22, pp. 72, 78
- C. MCCMH MCO Policy 10-052, "Emergency Procedures - Vehicles"
- D. MCCMH MCO Policy 10-054, "Smoking -- MCCMH / County Facilities"
- E. 1990 MDCH Administrative Rules, R 330.2120(2)
- F. MCL 257.710(e)
- G. 49 CFR 571.213

**VIII. Exhibits**

- A. Macomb County Policy on the Use and Operation of County-Owned Vehicles and Personal Vehicles on Behalf of Macomb County
- B. MCCMH Vehicle Safety Inspection form
- C. Daily Pre-Trip Inspection Check List

MCCMH MCO Policy 10-051

**USE AND MAINTENANCE OF COUNTY / PERSONAL VEHICLES**

Date: 10/28/08

- D. County Vehicle Use Form
- E. Personal Vehicle Use Policy Form
- F. Macomb County Vehicle Accident / Incident Report
- G. Monthly Mileage Report
- H. County of Macomb Vehicle Survey

**MACOMB COUNTY POLICY ON THE  
USE AND OPERATION OF COUNTY-OWNED VEHICLES  
AND PERSONAL VEHICLES ON BEHALF OF MACOMB COUNTY**

**PURPOSE**

This policy is hereby enacted in order to insure the safe operation and use of vehicles by County employees, whether said vehicles are owned by Macomb County or are privately owned vehicles operated while on County business.

**USE OF COUNTY OWNED VEHICLES**

1. County vehicles are to be used only on County business. Use of County vehicles for personal business is prohibited.

2. Elected officials and department heads to whom County owned vehicles are assigned may utilize these vehicles to and from their homes. Other County employees may drive County vehicles assigned to them to and from their homes on a regular basis only after receiving permission from their department head. Employees may, on occasion, with the approval of their department head, take a vehicle home when it is necessary that the employee proceed directly from his/her home to a place other than his/her normal place of employment.

3. All vehicles not taken home will be parked at County locations designated for overnight storage as directed by the department head.

4. Employees on vacation, personal leave or extended sick leave will park their County vehicles on County property as directed by their department heads.

5. County vehicles driven home are to be parked legally.

**MAINTENANCE OF COUNTY VEHICLES**

1. All County-owned vehicles are to be maintained in sound mechanical condition. Each department head to whom vehicles are assigned shall be required to familiarize themselves with the standard maintenance program developed by the Fleet/Fixed Asset Coordinator and shall see to it that the vehicles are duly recorded as required by that maintenance program.

2. Each vehicle is to be cleaned, interior and exterior, on a regular basis.

3. The driver of any County vehicle shall report any deficiencies noticed with regard to the mechanical condition of the vehicle immediately to his/her immediate supervisor, and no vehicle shall be driven which the employee and/or appropriate management personnel deems to be unsafe for operation.

4. Vehicle identification markings are to be maintained on said vehicles which shall include the County seal on the doors and vehicle information numbers on the back of the vehicle. Any exception to this requirement shall be determined by the Macomb County Board of Commissioners.

#### **USE OF PRIVATELY OWNED VEHICLES ON COUNTY BUSINESS**

1. Any employee of the County using his/her own privately owned vehicle on County business must maintain his/her vehicle in safe operating condition and comply with all laws of the State of Michigan.
2. The operator of said privately owned vehicle must see to it that the vehicle is properly titled, insured and licensed for operation in the State of Michigan.

#### **OBLIGATION OF OPERATORS OF VEHICLES**

The following procedures and rules apply to employees while operating either County owned or privately owned vehicles driven while on County business:

1. The employee shall have a valid Michigan operator's license, certificate of Michigan auto no-fault insurance, and have same in his/her possession while operating a vehicle.
2. The employee shall not drive under the influence of alcoholic beverages or a controlled substance or any medication that adversely affects his/her ability to drive safely.
3. The employee shall abide by all rules, regulations and laws of the State of Michigan, including the Motor Vehicle Code, as well as any rules and procedures adopted by the County of Macomb.
4. The employee shall report any and all automobile accidents while on County business in writing to the Risk Management & Safety Department within twenty-four (24) hours after the accident (see Exhibit F). In the event that the operator of the vehicle is incapacitated due to injuries, the department head shall report said incident to the Department of Risk Management & Safety. The report shall be recorded on forms provided by the Department of Risk Management & Safety. If property damage and/or bodily injuries were involved, a copy of a police report (if one is available), shall be submitted with said report.
5. The employee shall have on file with the County's Human Resources Department a copy of his/her valid Michigan driver's license and proof of Michigan no-fault insurance.
6. Before driving a County owned vehicle or personal vehicle on County business, each employee shall complete a "County Vehicle Use Form and/or a "Personal Vehicle Use Form" (attached hereto and marked Exhibits D and E).



### **MILEAGE REIMBURSEMENT**

1. Before any employee is reimbursed for mileage for use of his/her personal vehicle, he/she shall complete the Monthly Mileage Report (see Exhibit G) and present same to his/her department head for approval.

### **TRANSPORTATION OF COUNTY'S CLIENTS**

No clients of Macomb County shall be transported in vehicles other than those owned by the County unless specifically authorized by the County Board of Commissioners. Clients are defined as persons who are receiving services from the County and/or under the care, custody and control of the County.

### **COUNTY'S OBLIGATION**

1. No employee to whom County vehicles are assigned or who will use his/her personal vehicles in the regular course of his/her employment on County business shall be hired without said employee's driving record being reviewed by the Department of Risk Management & Safety to determine said person's eligibility for vehicle operation. All license review requests for employees must come from the Human Resources Department to the Department of Risk Management & Safety who shall forward all said requests to the Michigan Secretary of State for driver's license and records verification.

### **DRIVING CRITERIA**

The following is the driving record criteria for employees being considered for promotions and candidates being considered for employment when driving is an essential function of his/her job:

1. An employee or candidate for hire must possess a valid Michigan driver's license and Michigan no-fault insurance.
2. An employee or candidate for hire may not have more than four (4) moving violations in a two year period.
3. An employee or a candidate for hire shall not have more than one driving conviction related to alcohol or controlled substances, careless driving, or reckless driving, in a two-year period.
4. An employee or a candidate for hire shall not have been cited by the State of Michigan for Unsatisfactory Driving Record (UDC) in the last two years.

### **VIOLATION OF COUNTY DRIVING POLICY**

Any employee violating the County vehicle policy may be subject to discipline up to and including discharge.

# MCCMH VEHICLE SAFETY INSPECTION

VEHICLE # \_\_\_\_\_ VEHICLE LIC. # \_\_\_\_\_ DATE: \_\_\_\_\_

MILEAGE \_\_\_\_\_ VEHICLE MAKE \_\_\_\_\_ VEHICLE YEAR \_\_\_\_\_

STATE CERTIFICATION # \_\_\_\_\_ MECHANIC \_\_\_\_\_

INSPECTOR NAME \_\_\_\_\_

BUS. ADDRESS \_\_\_\_\_ BUS. TELEPHONE \_\_\_\_\_

<p><b>1. LIGHTS</b></p> <ul style="list-style-type: none"> <li>a. Hi-Beam</li> <li>b. Lo-Beam</li> <li>c. Beam Indicator</li> <li>d. Tail</li> <li>e. Plate</li> <li>f. Brake</li> <li>g. Directional Signal</li> <li>h. Dash</li> <li>i. Aim</li> <li>j. Out-put</li> <li>k. Dimmer Switch</li> <li>l. 4-way Hazard</li> <li>m. Interior</li> <li>n. Back-up</li> <li>o. Clearance</li> <li>p. Flashers Overhead</li> <li>q. Step</li> <li>r. Strobe</li> </ul> <p><b>2. BRAKES</b></p> <ul style="list-style-type: none"> <li>a. Service</li> <li>b. Emergency</li> <li>c. Pedal</li> <li>d. Drums</li> <li>e. Lining</li> <li>f. Gauges</li> <li>g. Line, hose</li> </ul> <p><b>3. STEERING</b></p> <ul style="list-style-type: none"> <li>a. Wheelplay Steering</li> <li>b. Pitman Arm</li> <li>c. Tie Rods</li> <li>d. King Pins</li> <li>e. Drag-Link</li> </ul>	<ul style="list-style-type: none"> <li>f. Wheel Bearing</li> <li>g. Ball Joints</li> <li>h. Gear Box</li> </ul> <p><b>4. TIRES</b></p> <ul style="list-style-type: none"> <li>a. Tread</li> <li>b. Cuts/Bulges</li> <li>c. Size</li> <li>d. Pressure</li> <li>e. Alignment</li> </ul> <p><b>5. WHEELS</b></p> <ul style="list-style-type: none"> <li>a. Lug Nuts</li> <li>b. Rims/Rings</li> <li>c. Condition</li> <li>d. Mounting</li> <li>e. Others</li> </ul> <p><b>6. EXHAUST</b></p> <ul style="list-style-type: none"> <li>a. Leakage</li> <li>b. Smoke</li> <li>c. Shield</li> <li>d. Noise</li> <li>e. Length</li> <li>f. Brackets</li> <li>g. Other</li> </ul> <p><b>7. SUSPENSION</b></p> <ul style="list-style-type: none"> <li>a. Front</li> <li>b. Rear</li> <li>c. Shock Absorbers</li> <li>d. Shackles Pin</li> <li>e. U Bolts</li> <li>f. Springs</li> </ul>	<p><b>8. FUEL</b></p> <ul style="list-style-type: none"> <li>a. Filter Cap</li> <li>b. Leaks</li> <li>c. Gauges</li> <li>d. Routing</li> <li>e. Tank Secure</li> </ul> <p><b>9. GLASS</b></p> <ul style="list-style-type: none"> <li>a. Windshield</li> <li>b. Side</li> <li>c. Rear</li> <li>d. Discolor</li> <li>e. Crack/Chips</li> <li>f. Mounting</li> <li>g. Others</li> </ul> <p><b>10. WINDOWS</b></p> <ul style="list-style-type: none"> <li>a. Wiper/Tension</li> <li>b. Blade</li> <li>c. Operation</li> <li>d. Switch</li> <li>e. Fluid</li> <li>f. Tank-size</li> </ul> <p><b>11. HORN</b></p> <ul style="list-style-type: none"> <li>a. Operation</li> <li>b. Back-up Signal</li> </ul> <p><b>12. FAN/DEFROSTER</b></p> <ul style="list-style-type: none"> <li>a. Output</li> <li>b. Switch</li> <li>c. Guard</li> <li>d. Obstruction</li> </ul>	<p><b>13. HEATER</b></p> <ul style="list-style-type: none"> <li>a. Operation</li> <li>b. Switch</li> <li>c. Leakage</li> </ul> <p><b>14. EMERGENCY DOOR ESCAPE HATCH</b></p> <ul style="list-style-type: none"> <li>a. Identification</li> <li>b. Operation</li> <li>c. Direction</li> <li>d. Buzzer</li> <li>e. Handle</li> <li>f. Hinges</li> <li>g. Molding or Seats</li> <li>h. Glass</li> </ul> <p><b>15. FIRE EXIT</b></p> <ul style="list-style-type: none"> <li>a. Size</li> <li>b. Nozzle</li> <li>c. Location</li> <li>d. Secure</li> <li>e. Operation</li> <li>f. Seals</li> </ul> <p><b>16. FUSE</b></p> <ul style="list-style-type: none"> <li>a. Size</li> <li>b. Location</li> <li>c. Secure</li> <li>d. Quantity</li> </ul> <p><b>17. FIRST AID &amp; LOCATION</b></p> <ul style="list-style-type: none"> <li>a. Location</li> <li>b. Identification</li> <li>c. Contents</li> <li>d. Secure</li> </ul>	<p><b>18. WARNING EQUIPMENT</b></p> <ul style="list-style-type: none"> <li>a. Triangles</li> <li>b. Flares</li> <li>c. Markers</li> </ul> <p><b>19. BUMPERS</b></p> <ul style="list-style-type: none"> <li>a. Secure</li> <li>b. Bent</li> <li>c. Gaps</li> </ul> <p><b>20. INSIGNIA</b></p> <ul style="list-style-type: none"> <li>a. Numbers</li> <li>b. County Stickers</li> </ul> <p><b>21. BODY</b></p> <ul style="list-style-type: none"> <li>a. Reflector Condition</li> <li>b. Loose Fenders</li> <li>c. Rust</li> <li>d. Trim</li> </ul> <p><b>22. SERVICE DOOR</b></p> <ul style="list-style-type: none"> <li>a. Operation</li> <li>b. Controls</li> <li>c. Moldings</li> <li>d. Glass</li> <li>e. Other</li> </ul> <p><b>23. FLOORS</b></p> <ul style="list-style-type: none"> <li>a. Opening</li> <li>b. Covering</li> <li>c. Molding</li> <li>d. Other</li> </ul>	<p><b>24. STEPS</b></p> <ul style="list-style-type: none"> <li>a. Condition</li> <li>b. Covering</li> <li>c. Handle Holders</li> </ul> <p><b>25. SEATS</b></p> <ul style="list-style-type: none"> <li>a. Mounting</li> <li>b. Covering</li> <li>c. Handle Holders</li> <li>d. Belts</li> <li>e. Other</li> </ul> <p><b>26. MIRRORS</b></p> <ul style="list-style-type: none"> <li>a. Interior</li> <li>b. Exterior</li> <li>c. Convex</li> <li>d. Alignment</li> <li>e. Loose</li> <li>f. Discolor</li> <li>g. Size</li> </ul> <p><b>27. ELECTRICAL</b></p> <ul style="list-style-type: none"> <li>a. Battery Size</li> <li>b. Battery Box</li> <li>c. Wires or Conductors</li> <li>d. Gauges/Instruments</li> <li>e. Alternator Belt</li> <li>f. Alternator Size</li> <li>g. Other</li> </ul>	<p><b>28. CRASH</b></p> <ul style="list-style-type: none"> <li>a. Padding</li> <li>b. Loose</li> <li>c. Other</li> </ul> <p><b>29. LIFTS</b></p> <ul style="list-style-type: none"> <li>a. Door Seals</li> <li>b. Floor Seats</li> <li>c. Operation</li> <li>d. Tie Downs</li> <li>e. Track</li> <li>f. Other</li> </ul> <p><b>30. OTHER</b></p> <ul style="list-style-type: none"> <li>a. Drive Shaft Guard</li> <li>b. Engine Comp. Leaks</li> <li>c. Coolant Leaks</li> <li>d. Hood Locks</li> <li>e. Door Locks</li> <li>f. Oil Leaks</li> <li>g. Motor Mounts</li> <li>h. Sun Visor</li> <li>i. Roof Light</li> </ul>
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BARRIERS

STATUS:      1. RED                      2. YELLOW                      3. PASS

REMARKS: \_\_\_\_\_

## DAILY PRE-TRIP INSPECTION CHECK LIST

Van # \_\_\_\_\_ Van License # \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_

Driver: \_\_\_\_\_

	M	T	W	TH	F
Oil					
Power Steering Fluid					
Brake Fluid					
Windshield Washer Solvent					
Radiator Fluid					
Transmission Fluid					
Battery					
Tires					
Lights					
Turn Signals					
Emergency Flashers					
First Aid Kit					
First Aid Blanket					
Fire Extinguisher					
Flares					
Jumper Cables					
Reflectors					
Spare Tire					
Jack					
Lug Wrench					
Window Scraper					

If an item is OK, place a check ( ✓ ) mark in the appropriate space provided.  
 If not OK, write NO and give a brief summary of action taken.

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**NOTICE:** Report all defects and lost equipment to the Transportation Coordinator immediately.

## COUNTY VEHICLE FORM

All employees required to operate a County-owned vehicle are to complete this form:

1. I certify this vehicle will be used only for County work-related activities.
2. I certify that my Michigan driver's license is valid, and my driving record complies with the County policy for operating a County-owned vehicle. I have attached a copy of my Michigan driver's license.
3. I certify that I have read and understand the County policy on the use and operation of County owned vehicles.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

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

DEPARTMENT: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

**Send Interoffice to:**

Risk Management  
Administration Building  
8<sup>th</sup> Floor

County Use and Operation of Vehicles Policy, page 4 MCCMH MCO 10-051 Exhibit D

## PERSONAL VEHICLE USE FORM

All employees required to operate their personal vehicle are to complete this form:

1. I certify that my Michigan driver's license is valid, and my driving record complies with the County policy for operating my own vehicle on County business.
2. I certify that my personal vehicle is properly insured as required by Michigan law. I further certify that I have read and understand the County policy on the use and operation of personal vehicles on behalf of Macomb County.
3. I have attached a copy of my Michigan driver's license and insurance certificate.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

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

DEPARTMENT: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

**Send Interoffice to:**

Risk Management  
Administration Building  
8<sup>th</sup> Floor

**MACOMB COUNTY  
ACCIDENT / INCIDENT REPORT**

**MOTOR VEHICLE**

DATE OF OCCURRENCE	TIME:	<input type="checkbox"/> A.M.	<input type="checkbox"/> DAYLIGHT	
		<input type="checkbox"/> P.M.	<input type="checkbox"/> DARK	

COUNTY DEPARTMENT	VEHICLE NO.	YEAR & MAKE	VEHICLE IDENTIFICATION NO.	PLATE NO.
	DRIVER'S NAME		RES. PHONE	DEPT. PHONE
	PURPOSE OF USE			

PREVIOUS PROBLEMS	OTHER DRIVER'S NAME	RES. PHONE	BUS. PHONE
	ADDRESS		
	DRIVER'S LICENSE NO.	INSURANCE CO. / POLICY NO.	
	DESCRIBE AUTO OR OTHER PROPERTY DAMAGE		

INJURED	NAME	ADDRESS	PHONE NO.

WITNESSES	NAME	ADDRESS	
	1.		
	2.		

POLICE REPORTING	NAME	POLICE REPORT MADE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	HEADQUARTERS	BADGE NO.	CITATION ISSUED?	

REPORT COMPILED BY (PRINT)	SIGNATURE	PHONE NO.
SUPERVISOR OR DEPARTMENT HEAD AND DEPARTMENT	DATE	PHONE NO.

ACCIDENT DESCRIPTION

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→FORWARD FIRST TWO COPIES TO:

**DEPARTMENT OF RISK MANAGEMENT AND SAFETY**

THIRD COPY TO DEPARTMENT

1-90

MC 103



# COUNTY OF MACOMB VEHICLE SURVEY

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

DEPARTMENT: \_\_\_\_\_

## VEHICLE INFORMATION

CAR NUMBER: \_\_\_\_\_

YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_

BODY STYLE: \_\_\_\_\_

VEHICLE I.D. NUMBER: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

WHERE IS VEHICLE STORED?:  DRIVER'S HOME  
 COUNTY-OWNED PROPERTY

IS THE VEHICLE MARKED?:  YES  NO

ASSIGNED TO: \_\_\_\_\_

ODOMETER READING: \_\_\_\_\_

COLOR: \_\_\_\_\_

\_\_\_\_\_

Signature