

VOLUNTEER DRIVER HANDBOOK

September 2014

FOREWORD

This booklet is designed to assist the new VA volunteer driver in carrying out assigned duties more effectively. This booklet provides you with an overview of your role and responsibilities as a volunteer with the Chillicothe VA Medical Center. Once you begin your assignment, questions can be referred to the Transportation Supervisor or to me.

VA volunteers are valuable members of the medical center team functioning under the direct supervision of a staff member. Volunteers do not replace paid personnel, but will perform many useful services that are beyond the scope of regular staff.

For whatever reason an individual decides to volunteer at the VA Medical Center, whether for community service, practical work experience, or a sense of patriotism and respect of this nation's Veterans, the rewards for such service are endless. Volunteers are our greatest patient advocates, providing program support and a wealth of new and innovative ideas.

As a VA volunteer, you will have the opportunity to provide necessary and worthwhile assistance to the patients and staff. You can also gain valuable experience, a deeper consciousness of the responsibility of helping others and the satisfaction such service brings.

The information included on the following pages is designed to assist you in becoming familiar with the VA Medical Center and with Voluntary Service.



GAYLE IRVIN-CLARY
Voluntary Service Program Manager

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Fact Sheet

THE DAV TRANSPORTATION NETWORK

The Problem -- In the spring of 1987, the Veterans Administration (VA) stopped reimbursing Veterans for the costs of transportation to and from the VA medical centers. The move was made necessary by Congressional budget cuts, and thousands of war Veterans were left stranded and cut off from proper medical care. Many were seeking treatment for service-connected disabilities. Nearly all of the rest were poor and had no other health care resources on which to depend.

The Need -- Many disabled Veterans live on small fixed incomes, often many miles from the nearest VA medical facility. They must rely on private transportation. Paying their own travel costs is a tremendous hardship when every dollar is required for shelter and food. In some instances, Veterans have given up trying to seek the medical care they need and earned. They feel abandoned, left with no choice to suffer in silence.

The DAV Solution -- Immediately upon hearing of the benefit cuts, the Disabled American Veterans (DAV) began organizing a nationwide Transportation Network. There are Hospital Service Coordinators (HSCs) covering transportation programs at VA medical facilities and Outpatient Clinics nationwide. These DAV HSCs assemble corps of volunteer drivers and match them up with disabled Veterans' hospital transportation requests, providing half a million rides to Veterans annually.

The DAV is providing the VA with a large number of vans for transportation of disabled Veterans. When the need was great, the DAV stepped up and provided a total solution. We're providing the drivers, we're providing the vans where needed, and we're providing the employees needed to coordinate the program.

The Result -- No individual who has served our country and sacrifices a limb, eyesight or good health should be denied proper medical care because he or she can't reach a VA facility. No Veteran should have to sacrifice food or money, or be required to cut down on living expenses. Nor should Veterans have to neglect their health because they can't afford to pay for transportation.

Our Transportation Network is saving thousands of Veterans from such sacrifices. It is one more example of how the DAV responds -- effectively and thoroughly -- when Veterans need help.

You Too Can Help -- If you'd like to be a volunteer driver in our Transportation Network, or if you need the services of our volunteer drivers, please call your nearest VA medical facility and ask for Voluntary Service (to drive) or your Social Worker (for services).

Fact Sheet

VOLUNTEER TRANSPORTATION NETWORK (VTN) LEGAL PROTECTIONS, PRECAUTIONS & SAFEGUARDS FOR VAVS VOLUNTEERS

Is there any protection for a Department of Veterans Affairs Voluntary Service (VAVS) volunteer who is involved in an accident and has a claim filed against him or her?

The Federal government will protect a VAVS volunteer against liability claims under a law known as Federal Tort Claims Act (FTCA), provided certain conditions have been met.

What conditions must be satisfied in order for a VAVS volunteer to be covered under the provisions of the FTCA?

The volunteer must be a documented VAVS volunteer. The VA has determined that VAVS volunteers will be protected as Federal employees under the FTCA as long as they are performing a specific “VAVS approved assignment.” If a VAVS volunteer is not performing a specific “VAVS approved assignment,” coverage would not be available under FTCA.

What is a “VAVS approved assignment?”

A “VAVS approved assignment” is a VA sanction, VAVS activity authorized by the Chief of VAVS who has a without compensation (WOC) appointment and has been delegated responsibility for this function by the VA.

When would a VAVS volunteer not be considered to be performing a “VAVS approved assignment” and, therefore, not protected by the FTCA?

If it is determined that a VAVS volunteer was not engaged in official government business at the time of the accident, FTCA coverage will not be available to the VAVS volunteer.

What are some instances where a VAVS volunteer would not be protected under the FTCA for a negligent act because s/he was not acting within the scope of his “assignment?”

If a VAVS volunteer deviates from the specific “VAVS approved assignment” of a transportation route to run an errand, makes a side trip to visit someone, engages in any activity primarily for personal profit, or is driving while impaired by drugs or alcohol, it is highly unlikely that the FTCA would cover such negligent acts in these or similar situations.

Suppose the VAVS volunteer, while on a “VAVS approved assignment,” is asked by the Veteran to run an errand for the Veteran or a member of the Veteran’s family, such as buying groceries or going to the Post Office to pick up mail?

If VAVS volunteers do not want to risk losing liability protection under the FTCA, they should decline to run errands not a part of their “VAVS approved assignment.”

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In transporting a Veteran to and from a VA medical facility, which route should transportation VAVS volunteer use?

The VAVS volunteer should take the most direct route, unless the transportation assignment directs otherwise.

How can VAVS volunteers ensure that the protections provided by the FTCA will be available to them?

By following their specific written “VAVS approved assignment” and restricting their activities to carrying out that assignment.

Should a VAVS volunteer continue to carry personal liability insurance to cover a situation? *Yes, VAVS volunteers will carry personal liability insurance to cover all of their personal driving needs, including time spent engaged in VTN activities. This is especially so since the final decision as to whether the protection of FTCA applies is made by the Department of Justice and the courts. Volunteers should check with their insurance agent to be certain that adequate coverage will be provided by their individual insurance policies should the need arise.*

Is a VAVS volunteer entitled to compensation in the event of injury or death while on a “VAVS approved assignment?”

Under the Federal Employees Compensation Act (FECA), a VAVS volunteer is entitled to compensation and medical services for personal injury or death incident. However, the benefits of this Act are only available to VAVS volunteers who are determined to be on official government business as a VAVS volunteer at the time of incident.

Is a VAVS volunteer entitled to compensation for damage to his privately owned vehicle while on a “VAVS approved assignment?”

Under the Military Personnel and Civilian Employees Claims Act, a VAVS volunteer may file a claim up to \$40,000 for any property damage which was incident to the VAVS volunteer's service. However, no such claim will be paid if the VAVS volunteer was not on official government business when the accident occurred, or the VAVS volunteer was negligent, or was paid directly by another party for the property damage. The VA will only pay amounts not covered by an individual's private insurance. A claim under this Act must be filed within two years of the accident.

What steps should be taken by a VAVS volunteer if involved in an accident while on a “VAVS approved assignment?”

The VAVS volunteer should assist any Veteran or other injured party in obtaining any necessary first aid or medical attention. Also, regardless of who may be at fault, the VAVS volunteer should promptly notify the Chief, Transportation Section, Engineering Service, VA Medical Center and the Chief, Voluntary Service of the accident, furnishing a written report (SF91) and law enforcement (police, sheriff or highway patrol) report to them containing the full details and circumstances of the accident.

What information or advice should a VAVS volunteer give to any of the parties involved in any such accident?

The VAVS volunteer should not give any information except that which may be required by state law. No legal advice, opinions or any other type of statement should be given.

Otherwise, not only could the legal interests of the VAVS volunteer be seriously jeopardized, but also those of the VA. The volunteer should, however, identify himself or herself as a VAVS volunteer.

VOLUNTEER TRANSPORTATION NETWORK (VTN)

Wheelchair Lifts

There have been several inquiries about the fact that VTN vans, in most cases, are not equipped to transport Veterans in wheelchairs. In the most optimal situation, of course, the VTN would be able to accommodate Veterans in wheelchairs, as well as any other Veterans requiring transportation to and/or from a VA medical facility for treatment. The optimal situation is not always reality, however, there is an alternative.

Wheelchair lifts and other accommodating equipment would take up considerable interior space on the vans, causing a substantial reduction in space availability for other riders. In most areas, our vans are full or nearly full as they make their rounds to and from VA medical facilities. Therefore, devoting a large amount of the space inside a van to wheelchair-accessible equipment would have the unfortunate effect of denying transportation to other Veterans who also need our services.

Most importantly, our VTN vans are driven by volunteers, not paid staff. The vast bulk of these volunteers are members of the DAV, therefore are disabled Veterans themselves, and most are also in their retirement years. We simply cannot expect older, disabled Veterans to consistently have the strength and/or physical ability to do the physical and mechanical tasks associated with on-loading and off-loading wheelchair patients, while assuming the responsibility for Veterans' safety.

Finally, other alternatives are available to Veterans who need transportation to the VA for care but cannot use our program because they are in wheelchairs. Controlling law and VA regulations provide for the transporting of certain wheelchair or other mobility impaired Veterans at VA's expense. Arrangements for this special mode of transportation vary from one VA facility to the next but are provided. For more information on how a Veteran in a wheelchair can access alternative transportation, please contact your Social Worker or VA Travel Clerk.

We hope the explanations above are helpful in explaining how we are making every effort to utilize the freely provided services of VA volunteers to transport the largest possible number of Veterans to and from the VA in the safest possible environment.

VTN VAN OPERATION COORDINATOR/VOLUNTEER MEMORANDUM OF UNDERSTANDING

Drivers/Coordinators must adhere to established procedure for operation, maintenance, control and accountability in the operation of the **donated VA-owned van** for transportation of Veterans in association with delivery of medical care at the Department of Veterans Affairs (VA) Medical Centers, clinics and affiliates. This agreement between the VTN Transportation Coordinator and the VA Medical Center is established to promote a delineation of responsibility and accountability.

1. The operation of the van shall be governed by VA regulation and applicable state laws.
2. The van shall be stored in a secure location agreed upon by both parties, preferably a local government facility such as a police, fire station, etc..
3. Vehicles will be operated by certified volunteers under the direction of the VAVS and VTN Transportation Coordinator; however, drivers must be physically capable of performing the tasks related to vehicle operation. A **certified driver** is a driver who **holds a valid state driver's license, personal vehicle insurance, and has received a physical examination by the VA Medical Center** certifying physical capabilities of vehicle operation. VA will verify the existence of valid drivers' licenses and driving records through appropriate agencies (i.e., the National Driver Registry and, as needed, the Ohio Bureau of Motor Vehicles).
4. Maintenance of the vehicle will be the responsibility of the VA and will be directed by the Chief, Transportation Section, Engineering Service, VA Medical Center. Inspections and maintenance will be under his/her direction and may warrant temporary removal of the vehicle from service.
5. Credit cards will be provided for fuel as pre-approved by the Chief, Transportation Section, Engineering Service (when refueling at the VA isn't possible). This credit card will be controlled by the Transportation Coordinator and reviewed by his/her immediate supervisor.
6. Operators and the VTN Transportation Coordinators will be responsible for maintaining complete trip tickets and detailed logs of vehicle use. Vehicle logs and credit purchase records must be submitted promptly on schedule to prevent extra charges. Volunteers shall not be required to operate the vehicles for extended periods of time, generally intermittent operation for an eight-hour period.
7. Replacement of a vehicle deemed to be **"not road worthy"** and **"beyond economical repair"** by the Chief, Transportation Section, will be the responsibility and at the discretion of the donor. If the vehicle is judged beyond economical repair or not road worthy, the Chief, Voluntary Service will offer the vehicle back to the DAV/original donor.

8. If the VA provides mobile telephone service to the vehicle, it is be for **official use only. Phones are not to be used while driving.**

9. Passengers shall at NO time exceed the number of available seats and/or seatbelts of the vehicle. Fifteen passenger vans shall carry no more than nine people including the driver.

10. Off-Stationed vans will be used exclusively to transport patients for medical center appointments and treatments.

Vehicle will be stored at _____ when not in use.

I understand the rules discussed in this Memorandum of Understanding and agree to adhere to them.

Print Volunteer Name

Volunteer Signature

Off-Station Transportation Coordinator
(if applicable)

Date

Hospital Service Coordinator
(if applicable)

Chief, Voluntary Service/Designee

Chief, Transportation Section

Associate/Medical Center Director

VOLUNTEER TRANSPORTATION NETWORK (VTN)

Passenger Rules and Regulations

The following passenger rules and regulations have been established by the Department of Veterans Affairs, Voluntary Service, the participating VTN Transportation Program and the Coordinators - not by the VTN volunteer driver.

1. **Veterans** seeking transportation on the VTN van should contact the VTN Transportation Coordinator at least 14 days in advance of their scheduled appointments. The VTN Coordinator has the right to review patient appointments via computer or through the VTN HSC to ensure pick-up at designated areas are scheduled accurately and patients arrive at the medical center on time for appointments.
2. **The van driver** is not allowed to physically lift any patient. All riders must be ambulatory (capable of boarding and departing the van with minimal assistance from the driver). In the event of a medical emergency, the drivers transport to the nearest hospital emergency room if while driving, or dial "0" if at the Chillicothe VA.
3. **The van driver** is only permitted to stop the van for rest stops and/or emergencies, or to pick up and discharge passengers at designated pick-up points. Passengers should not ask the driver to make side trips to take care of personal business.

NO SIDE TRIPS OR PERSONAL ERRANDS ARE PERMITTED!

4. **Passengers are not permitted** to use any tobacco products, drink alcohol, use foul and offensive language, or bring weapons, drugs or any other illegal substances or items on the van. The van driver has the right to refuse transportation to any passenger whom s/he believes to be intoxicated, abusive or who poses a threat to the safety of the driver or other passengers. Before any action is taken, the driver will call the VTN Coordinator or the Hospital Services Coordinator.
5. **Passengers** should not engage in any activity that will distract the drivers' attention, thereby causing a safety hazard to him/herself, the driver or other passengers.
6. **Passengers** will wear their seatbelts at all times. Any passenger refusing to do so will be denied transportation on the van. If a passenger is medically prohibited from wearing a seatbelt, a copy of the exemption statement must be carried at all times. (Passengers carrying exemption statements are prohibited from sitting in the front seat.)
7. **Passengers** will place all trash in the appropriate trash receptacle.
8. **No individuals other than the Veteran** will be permitted to ride in the van unless:

a. S/he is the Veteran's spouse and written permission from the patient's doctor has been submitted to and approved by Voluntary Service; or,

b. S/he is a caregiver who is authorized by the VA to provide the Veteran with "Aid and Attendance."

9. **Patients** being discharged or granted passes by the VA medical facility may be transported on the VTN van during the van's return trip to its home station, only on a space-available basis. The patient must be ready to leave when the van is ready to depart the medical center. (Veterans discharged **Against Medical Advice – AMA** – will not be transported by volunteers unless authorized to do so by VA Voluntary Service.)

10. **All passengers** should be dressed and ready to depart for the medical center at the time specified. The Transportation Coordinator and HSC will be as flexible as possible in their attempts to accommodate Veterans with transportation.

a. **Drivers will wait no more than 10 minutes** for patients at designated pick-up points.

b. **It is the responsibility** of the Veteran or his/her family regarding appointments, cancellations or any other changes. (**Note:** Those planning to ride home with someone else besides in the van, must notify the van driver or the VTN Coordinator office.)

c. **All passengers** should be ready to depart from the medical facility at the time specified. **No departures** from the medical center will be made until all patients have been treated, prescriptions filled and any future appointments scheduled.

11. **Only articles** small enough to be held on the Veteran's lap or placed under the seat will be transported by the van. **Only those vans that have D.O.T. approved oxygen racks are permitted to carry oxygen. Wheelchairs or other apparatus/ items** that pose a danger to the van driver or other passengers will not be permitted.

12. **The VTN van driver** has the right to refuse transportation to any passenger whom s/he feels is too ill to ride the van, or, the driver may request a written statement from the patient's VA physician stating that it is permissible for the Veteran to ride without aid or attendance. The driver must call the appropriate clinic to notify them of the refusal of transportation.

13. **Veterans** utilizing VTN **WILL NOT**, by law, be eligible to receive reimbursement for travel expenses.

14. **The van driver is NOT** to accept payment from any passenger for transportation in the van.

15. **The VTN van is not an emergency vehicle.** Should the Veteran require immediate emergency transportation, transport to the nearest emergency room and notify the VA Medical Center. **Do not exceed the speed limit under any circumstances.**

16. **Wheelchairs** can only be transported in vans appropriately equipped for them. They **MUST** be safely secured in order to transport. If this is not possible, a wheelchair will be provided upon reaching destination.

PASSENGER LIST TO TRAVEL CLERK:

DATE: _____

DRIVER: _____ COUNTY: _____

The following patients were transported to the _____ VA for appointments via the volunteer transportation network and are, therefore, **NOT** eligible to receive reimbursement for travel expenses:

NAME	NAME
1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	16.

Form 10-372
Apr 2009

INSTRUCTIONS FOR COMPLETING “PASSENGER LIST” FORM (VAF 10-372)

1. All drivers will complete this form each time they bring passengers to the VA or VA-approved facility.
2. Complete the blanks indicated with the Veterans’ name.
3. The original form will be submitted to the travel clerk upon arrival at the VA facility. This will identify those Veterans who benefited from the volunteer transportation network and ensure that passengers are not compensated for personal travel expenses to which they are not entitled.

VOLUNTEER TRANSPORTATION NETWORK

VAN EMERGENCY ITEMS CHECKLIST

- _____ 1. Blank Accident Report Forms
- _____ 2. Spill Kit
- _____ 3. Fire Extinguisher (inspected monthly by VA Fire Dept.)
- _____ 4. First Aid Kit
- _____ 5. D.O.T.-Approved Oxygen Racks and Tie Downs (if applicable)
- _____ 6. Cellular telephone in working order (if VA-provided)
- _____ 7. Copy of Van Registration
- _____ 8. Government credit card for fuel purchases (as used)
- _____ 9. Inflated/Inflatable Spare Tire and a working jack
- _____ 10. Step-Stool for easy access to get on/off the van (if applicable)
- _____ 11. Disposable camera

All of the above items should be checked DAILY. If not located in the van, contact Chillicothe VA's Transportation Section, Engineering Service.

(Signature of Driver/Coordinator)

(Date Checked)

Amoco	Ashland	BP	Cenex
Chevron	Chevron Aviation	Citgo	Clark
Coastal	Conoco	Exxon	Exxon Aviation
Getty	Gulf Oil	Holiday	Keystone
Kum & Go	Kwikfill	Marathon	Mobil
Phillips 66	Phillips 66 Aviation	Rich Oil	Sheetz
Shell	Sinclair	Sunoco	Super America
Tesoro Alaska	Texaco	Texaco Aviation	Texaco Express Lube
Total	Uni-Marts	Wilco	

*The Fleet card can **only be used FOR FUEL** and at participating retail locations **ONLY when you cannot refuel at the Chillicothe VA**. Some companies are not yet accepting the card electronically at all locations. These locations should accept the card manually until their electronic systems have been reprogrammed.*

If the gas station has card readers located at the pump, you may use your Fleet card at the pump. If there are no pump card readers, see the attendant inside to process your transaction.

Swipe your Fleet card at the pump reader. If the pump card reader will not accept the Fleet card, take the Fleet card inside to the attendant and have him/her attempt to process the transaction electronically on the inside equipment. If the attendant questions the Fleet card, show him/her this brochure and ask him/her to follow the instructions for the station's brand.

If the pump terminal requires you to choose either "Credit" or "Debit," press the "Credit" key.

If required, the terminal may prompt for an ID or personal identification number (PIN). Enter your assigned six (6) digit number and press "Enter."

To authorize a sale on the Fleet card, follow the instructions sent to you by your point-of-sale network provider.

If you have not received your copy of the retailer instructions, you should first attempt to complete the sale through your electronic point-of-sale equipment. A few of the Shell and Amoco locations do not have electronic point-of-sale equipment and have no mechanism to process Fleet card transactions manually. You will not be able to use the Fleet card at these locations.

If required, the terminal may prompt you to enter the odometer reading. Enter your odometer as a whole number. Do not enter tenths of miles.

All terminals are different and may require the information to be entered in a different order. Simply follow the instructions on the terminal to process your transaction.

If the card cannot be read on any of the equipment, notify US Bank at the number shown on the back of your Fleet card or in this brochure. US Bank may notify the oil

Using Your Fleet Credit Card (cont.)

company of a problem at one of its locations. The company often is not aware that there is a problem.

If the sale is processed manually, write your six (6) digit ID# & odometer reading on the ticket. If your Fleet card cannot be read electronically at any location, it is likely that the magnetic strip is damaged. If this occurs, notify the Transportation Supervisor to get a replacement card.

After using the Fleet card, be sure to get a receipt, legibly write the vehicle license tag number on the receipt and **turn the receipt in to the Transportation office at the Chillicothe VA as soon as possible.**

NEVER use another vehicle's Fleet card for any other vehicle.

If the card does not work or if the attendant has any questions, contact the Transportation Supervisor immediately.

24 Hour Customer Service

888-994-6722

**INSTRUCTIONS FOR COMPLETING THE MOTOR VEHICLE TRIP TICKET
VA FORM 3075 OP 33 (538)**

1. All drivers utilizing a VA vehicle must complete a Motor Vehicle Trip Ticket (aka Trip Tic) EACH TIME the van is driven.
2. Information to be included on each form:
 - a. The U.S. Government Tag No. on the van;
 - b. The name of the individual requesting the van (“Requested By”);
 - c. The “User’s Name” (printed);
 - d. The “Official Purpose” (i.e., transporting Veterans to/from the Chillicothe VA or transporting Veterans to/from the Athens/Portsmouth/Marietta/Lancaster CBOC);
 - e. “Planned Itinerary” (to/from where)
 - f. Information under “Part II, Dispatcher, Driver, and User” should be the first and last name of each passenger and total number of passengers transported;
 - g. Time the driver took the van out and brought it back (use of military time is best);
 - h. The date the van was used;
 - i. The odometer reading prior to leaving with the van and upon return. The vehicle’s mileage MUST coincide with the previous trip tic – drivers MUST ACCOUNT FOR **ALL** MILES; and,
 - j. The driver must sign the form.
3. **Completed** trip tics are to be turned in to Voluntary Service upon EACH trip to the Chillicothe VA Medical Center.

**INSTRUCTIONS FOR COMPLETING THE MOTOR VEHICLE TRIP LOG
(VA FORM 10-1281)**

The Motor Vehicle Trip Log must be kept for each day the van is in use. This log enables VA Voluntary Service to keep accurate records of VTN driver activities. Additionally, Engineering Service utilizes the information posted on the form to record mileage, fuel costs and repairs for each VTN van.

All VTN van drivers must complete the required information on this form each time they drive the van. Items requested on the form are as follows:

- a. Driver name
- b. Official Purpose: FM (from) City to VAMC; FM VAMC to City
 - c. Number of Passengers: Number into the medical center and/or number returned to the pick-up point
 - d. Time: Begin with time you left home to pick up the van; conclude with time you returned to personal residence
- e. Day: Calendar day you are driving
 - f. Hours & Minutes: Hours and minutes are figured from the time you left home until the time you return home
 - g. Odometer Reading: "Out" is the mileage when you pick up the van; "In" is the mileage on the van when you park it at the conclusion of your trip
- h. Total Miles Driven on Trip: Subtract miles "Out" from miles "In" to get the total
 - i. Cost and For: Cost of fuel and the number of gallons purchased. Minor repair costs may be written either on the next line or in the margin on the same line

At the end of the month, the completed Trip Log will be submitted to the van Coordinator so that the activity information can be included on the Coordinator's Monthly Report.

NOTE: In Chillicothe, this form is completed by Voluntary Service.

**GENERAL SERVICES ADMINISTRATION
MOTOR VEHICLE ACCIDENT REPORTING KIT**

IN CASE OF ACCIDENT

1. Stop immediately.
2. Take steps to prevent another accident at the scene.
3. Call a doctor or ambulance if necessary.
4. Notify police.
5. **DO NOT** sign any paper or make any statement as to who was a fault (except to your supervisor or to a Federal Government investigator).
6. Get name and address of each witness. Ask the witness to complete Standard Form 94, Statement of Witness, contained in this envelope.
7. State your name, address, place of employment, name of your supervisor, and upon request, show your operator's permit and vehicle registration card. (*NOTE: Only Government-owned or leased vehicles registered in the District of Columbia or displaying state tags have registration cards.*)
8. Complete Standard Form 91, Motor Vehicle Accident Report (or reporting form required by your agency) at the scene. If conditions prevent this, make notes of the following:
 - a. Registration information for other vehicle(s) (owner's name, tag number and state serial number, and vehicle description);
 - b. Information on other driver (name, address, operator's permit number, and expiration date);
 - c. Name and address of each person involved and extent of injury, if any;
 - d. Name and address of company insuring other vehicle(s) and insurance policy number; and,
 - e. General information such as location, time measurements, weather, damage, etc.
9. Then, as soon as possible, notify your supervisor (Voluntary Service Officer) and the VA Transportation Supervisor or Administrative Officer of the Day (AOD) if after normal duty hours.
10. If the vehicle is unsafe to operate, call the VA Transportation Supervisor or AOD for instructions. If you are unable to contact the VA Transportation Supervisor or AOD due to accident occurring after normal duty hours or on holidays, have the vehicle towed to the nearest repair shop or service station. The VA Transportation Supervisor must be notified concerning the vehicle's location as soon as possible.
11. Submit all reports and data to your supervisor within one working day.
12. Injuries should be processed through your agency personnel office using a CA-1 form.
13. **NOTE:** If you are injured, have the police notify your supervisor who will assume your responsibilities for reporting the accident.

In case of accident

CONTENTS

SF91, MOTOR VEHICLE ACCIDENT REPORT
(1 copy)

SF94, STATEMENT OF WITNESS
(2 copies)

**PROOF OF INSURANCE
FOR OPERATORS OF GSA OWNED VEHICLES**

This constitutes your “Proof of Insurance” and should be carried in your vehicle at all times. The U.S. Government is self-insured. No insurance identification number is required.

Claims against the U.S. Government resulting from the operation of a Government vehicle should be directed to the agency employing the driver of the vehicle, not GSA. Claims against other parties for damage to GSA vehicles will be processed by GSA. Drivers are responsible for obtaining the correct insurance information for processing such claims against other responsible parties.

MOTOR VEHICLE ACCIDENT REPORT	Please read the Privacy Act Statement on Page 3.	INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72 thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.
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SECTION I - FEDERAL VEHICLE DATA

1. DRIVER'S NAME (Last, first, middle)		2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		3. DATE OF ACCIDENT	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS				4b. WORK TELEPHONE NUMBER ()	
5. TAG OR IDENTIFICATION NUMBER	6. EST. REPAIR COST \$	7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE					

SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed.)

12. DRIVER'S NAME (Last, first, middle)			13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS		
14a. DRIVER'S WORK ADDRESS				14b. WORK TELEPHONE NUMBER ()	
15a. DRIVER'S HOME ADDRESS				15b. HOME TELEPHONE NUMBER ()	
16. DESCRIBE VEHICLE DAMAGE				17. ESTIMATED REPAIR COST \$	
18. YEAR OF VEHICLE	19. MAKE OF VEHICLE	20. MODEL OF VEHICLE		21. TAG NUMBER AND STATE	
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS				22b. POLICY NUMBER	
				22c. TELEPHONE NUMBER ()	
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		24a. OWNER'S NAME(S) (Last, first, middle)		24b. TELEPHONE NUMBER ()	
25. OWNER'S ADDRESS(ES)					

SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)

26. NAME (Last, first, middle)				27. SEX	28. DATE OF BIRTH
29. ADDRESS					
A	30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		31. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	32. LOCATION IN VEHICLE	33. FIRST AID GIVEN BY
	34. TRANSPORTED BY		35. TRANSPORTED TO		
36. NAME (Last, first, middle)				37. SEX	38. DATE OF BIRTH
39. ADDRESS					
B	40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		41. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	42. LOCATION IN VEHICLE	43. FIRST AID GIVEN BY
	44. TRANSPORTED BY		45. TRANSPORTED TO		
46. Pedestrian	a. NAME OF STREET OR HIGHWAY			b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM TO	
	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)				

SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)

47. DATE OF ACCIDENT	48. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).
49. TIME OF ACCIDENT AM PM	

50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED		51. POINT OF IMPACT (Check one for each vehicle)
<p>Use one of these outlines to sketch the scene. Write in street or highway names or numbers.</p> <p>a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.</p> <p>Example: → 1 ← 2 ←</p> <p>b. Use solid line to show path before accident and broken line after the accident</p> <p>c. Show pedestrian by → ○</p> <p>d. Show railroad by + + + + +</p> <p>e. Place arrow in this circle to indicate NORTH</p>		
FED	2	AREA
		a. FRONT
		b. R. FRONT
		c. L. FRONT
		d. REAR
		e. R. REAR
		f. L. REAR
		g. R. SIDE
		h. L. SIDE

52. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.).

SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

A	53. NAME (Last, first, middle)	54. WORK TELEPHONE NUMBER ()	55. HOME TELEPHONE NUMBER ()
	56. BUSINESS ADDRESS	57. HOME ADDRESS	
B	58. NAME (Last, first, middle)	59. WORK TELEPHONE NUMBER ()	60. HOME TELEPHONE NUMBER ()
	61. BUSINESS ADDRESS	62. HOME ADDRESS	

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

63a. NAME OF OWNER	63b. OFFICE TELEPHONE NUMBER ()	63c. HOME TELEPHONE NUMBER ()
63d. BUSINESS ADDRESS	63e. HOME ADDRESS	
64a. NAME OF INSURANCE COMPANY	64b. TELEPHONE NUMBER ()	64c. POLICY NUMBER ()
65. ITEM DAMAGED	66. LOCATION OF DAMAGED ITEM	67. ESTIMATED COST \$

SECTION VII - POLICE INFORMATION

68a. NAME OF POLICE OFFICER	68b. BADGE NUMBER	68c. TELEPHONE NUMBER
69. PRECINCT OR HEADQUARTERS	70a. PERSON CHARGED WITH ACCIDENT	70b. VIOLATION(S)

SECTION VIII - EXTRA DETAILS

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

SECTION IX - FEDERAL DRIVER CERTIFICATION

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions. I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

71a. NAME AND TITLE OF DRIVER

71b. DRIVER'S SIGNATURE AND DATE

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN

73. DESTINATION

74. EXACT PURPOSE OF TRIP

75. TRIP BEGAN	DATE	TIME (Circle one)	76. ACCIDENT OCCURRED	DATE	TIME (Circle one)
		a.m. p.m.			a.m. p.m.

77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR
 ORALLY IN WRITING (Explain)

78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE
 NO YES (Explain)

79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS
 YES NO (Explain)

80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED.
 NO YES (Explain)

81. COMPLETED BY DRIVER'S SUPERVISOR	a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	b. COMMENTS

82a. NAME AND TITLE OF SUPERVISOR

82b. SUPERVISOR'S SIGNATURE AND DATE

82c. TELEPHONE NUMBER

()

SECTION XI - ACCIDENT INVESTIGATION DATA

83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. YES NO (If "Yes", explain below.)

84. PERSONS INTERVIEWED

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

85. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)

SECTION XII - ATTACHMENTS

LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

86. REVIEWING OFFICIAL'S COMMENTS

87. ACCIDENT INVESTIGATOR	88. ACCIDENT REVIEWING OFFICIAL
a. SIGNATURE AND DATE	a. SIGNATURE AND DATE
b. NAME (First, middle, last)	b. NAME (First, middle, last)
c. TITLE	c. TITLE
d. OFFICE	d. OFFICE
e. OFFICE TELEPHONE NUMBER ()	e. OFFICE TELEPHONE NUMBER ()

STATEMENT OF WITNESS <i>(Attach additional sheets if necessary)</i>	1. DID YOU SEE THE ACCIDENT?	2. WHEN DID THE ACCIDENT HAPPEN?		FORM APPROVED O.M.B. NUMBER 3090-0118
		a. TIME	<i>a.m.</i> <i>p.m.</i>	

3. WHERE DID THE ACCIDENT HAPPEN? *(Give street location and city)*

4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED

5. WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?

6. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?

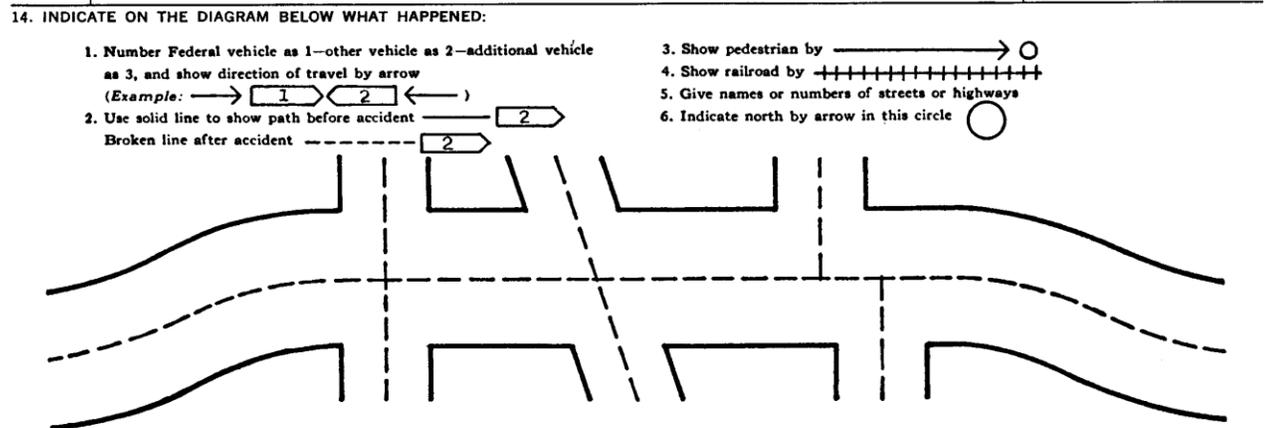
7. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY

8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY	9. IF TRAFFIC CASE, GIVE APPROXIMATE SPEED OF:
	a. GOVERNMENT VEHICLE <i>Miles per Hr.</i>
	b. OTHER VEHICLE <i>Miles per hr.</i>

10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THE ACCIDENT *(If known)*

a. NAMES	b. ADDRESSES <i>(Include ZIP Code)</i>
----------	--

WITNESS COM- PLETING THIS FORM	11. HOME ADDRESS <i>(Include ZIP Code)</i>	12. WITNESS (Print Name)	a. HOME TELEPHONE NO.
		<i>Sign here</i> ▶	b. TODAY'S DATE
	13. BUSINESS ADDRESS <i>(Include ZIP Code)</i>		TELEPHONE NO.



FILE REFERENCE:

This office has been notified that you witnessed an accident which occurred

It will be helpful if you will answer, as fully as possible, the questions on the other side of this letter. Please read the Privacy Act Statement below.

Your courtesy in complying with this request will be appreciated. An addressed envelope, which requires no postage, is enclosed for your convenience in replying.

Sincerely

Enclosure

Use by the public is voluntary. In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as it is the first step in the Government's investigation of a motor vehicle accident. The principal purposes for which the information is intended to be used are to provide necessary data for use by legal counsel in legal actions resulting from the accident, and to provide accident information/statistics for use in analyzing accident causes and developing methods of reducing accidents. Routine use of the information may be by Federal, State or local governments or agencies, when relevant to civil, criminal, or regulatory investigations or prosecution.

VAN ORIENTATION

Chillicothe VA Volunteer Transportation Network

On _____ the following individual(s) was/were instructed on the material listed.

ITEM	INITIALS	DATE
ACCIDENT REPORTING (Refer to page 19)		
REFUELLING PROCEDURES (Refer to page 13)		
LOG DOCUMENTATION (Refer to page 18)		
PASSENGER TRANSPORTATION (Refer to pages 7-9)		
DESIGNATED ROUTES (Refer to Page 3)		
VEHICLE CHECKOUT (DAILY) (Refer to page 12)		
EMERGENCY PROCEDURES (PATIENTS) (Refer to page 9)		
EMERGENCY PROCEDURES (VEHICLE)		
CALL-BACK NUMBERS		
CELL PHONE USAGE (Refer to page 6)		

I HAVE RECEIVED TRAINING ON THE ABOVE POLICIES/PROCEDURES PERTAINING TO THE OPERATION OF THE LISTED VEHICLE.

Signature _____

Date _____

Print Name _____

VOLUNTEER DRIVER ORIENTATION CHECK LIST

ORIENTATION SUBJECT	REVIEWED? YES/NO
Use of Government-Owned Motor Vehicles (Policy Memo 138-12) <i>(See separate memo)</i>	
Smoking in Transportation Vehicles <i>(Refer to page 7)</i>	
DAV Transportation Network/Transportation Volunteers (Policy Memo 135-3) <i>(See separate memo)</i>	
Van Operation Statement of Understanding (Off-Station) <i>(Refer to page 29)</i>	
Riders Rule and Responsibilities <i>(Refer to page 7-9)</i>	

Print Volunteer Name

Volunteer Signature

Date

(Original to be filed in volunteer's file)

VTN VOLUNTEER DRIVER
STATEMENT OF UNDERSTANDING

1. I understand that I will be covered under the Federal Claims Tort Act as a Transportation Volunteer only if the following criteria have been met:
 - a. Must have completed a volunteer orientation with the Chief, Voluntary Service or designee.
 - b. Must be listed on the volunteer roles at the Chillicothe VA Medical Center.
 - c. Must sign the waiver of compensation on VA Form 10-7055, Application for Voluntary Service.
 - d. Must provide the Voluntary Service office with a valid driver's license and ensure a current driver's license is presented to the Voluntary Service office upon each renewal.
 - e. Must provide the Voluntary Service office with proof of motor vehicle bodily-injury liability and property damage, or personal insurance, AND provide updated information each time the policy is renewed.
 - f. Must provide an Ohio Department of Motor Vehicles safe driving record.
 - g. Must agree to refrain from making side trips (i.e., bank, grocery, lunch, laundry, etc.) while performing an assignment and must take the most direct route to and from the VA Medical Center. Must understand that coverage extends only to the period of performing an assignment and any accident(s) occurring while performing a "side trip" would NOT be covered.
 - h. Must abide by policies, rules and regulations governing the Volunteer Transportation Network as discussed during volunteer orientation, including, but not limited to VHA Handbook 1620.1, Department of Veterans Affairs Voluntary Service Procedures; VHA Handbook 1620.2, Volunteer Transportation Network; and, VA Policy Memorandum 135-3, Volunteer Transportation Network.
2. Information pertaining to my status as a volunteer driver may be shared with concerned individuals outside of the VA (i.e., Veterans' Service Officers, Disabled American Veteran Commanders, etc.).

(Name)

VA Form 10-375
Apr 2009

(Date)

DEPARTMENT OF VETERANS AFFAIRS

Chillicothe, Ohio

SERVICE: Voluntary

POSITION ASSIGNMENT TITLE: Transportation Driver

DUTIES: Transporting Veterans from within our service area to facilities including the Chillicothe VA Medical Center, CBOC's, field service centers, etc., as specified in Policy Memorandum 135-3, "Volunteer Transportation Network."

DAYS AND HOURS OF DUTY: As needed, usually Monday through Friday, 8 a.m. – 4 p.m.

QUALIFICATIONS: Attend required volunteer orientation and training. Provide proof of safe driving record, current/valid driver's license and liability insurance, complete Certificate of Medical Examination (SF 78) and pass a physical exam or screening as deemed necessary, and follow-up as instructed.

INFORMATION SECURITY: This position is designated as non-sensitive. Safeguards privacy/ sensitive data against unauthorized disclosure. Notifies Information Security Officer (ISO) or Privacy Officer upon disclosure or suspected disclosure of sensitive data by others. Regularly follows and adheres to established policies and procedures of the medical center's Automated Information System (AIS) security program as specified in Policy Memorandum 00-15, the Privacy Act of 1974, VA statutes and policies, as relevant.

SUPERVISION: Chief, Voluntary Service

NOTE: TB testing required
Hepatitis Vaccine Category 3
SAC (fingerprinting) required
Flash Badge

VOLUNTEER POSITION DESCRIPTION

From Cleveland/Columbus:

Start by going Southwest on I-71 to I-270. Go East on I-270 to US 23 then South on US 23. Take the OH-207 ramp. Turn RIGHT onto OH-207 S for 3 miles. OH-207 S becomes OH-104 S. The Chillicothe VA Medical Center is on the right.

From Cincinnati:

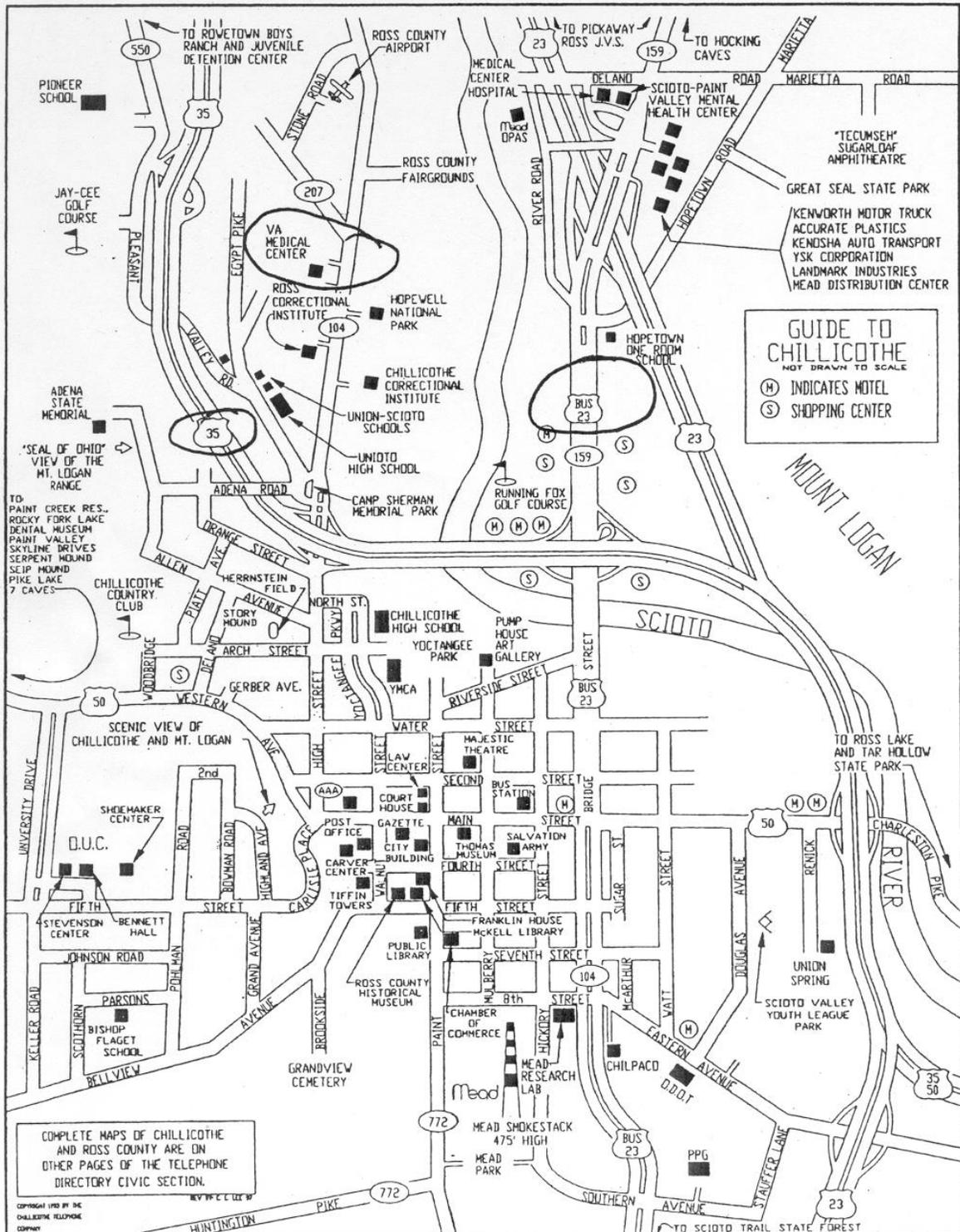
Start by going North on I-71 to US 35. Take US 35 East for 42 miles. Turn left onto State Route 104 North for 2.9 miles. The Chillicothe VA Medical Center is on the left.

From Dayton:

Start by going East on US 35 to State Route 104. Turn left onto State Route 104 North for 2.9 miles. The Chillicothe VA Medical Center is on the left.

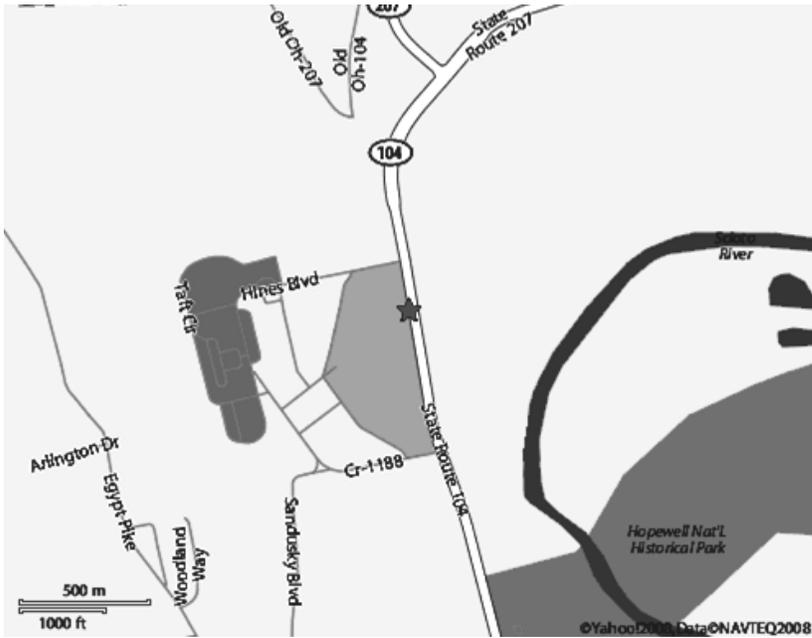


Guide to Chillicothe



Chillicothe Street Index

CHILICOTHE

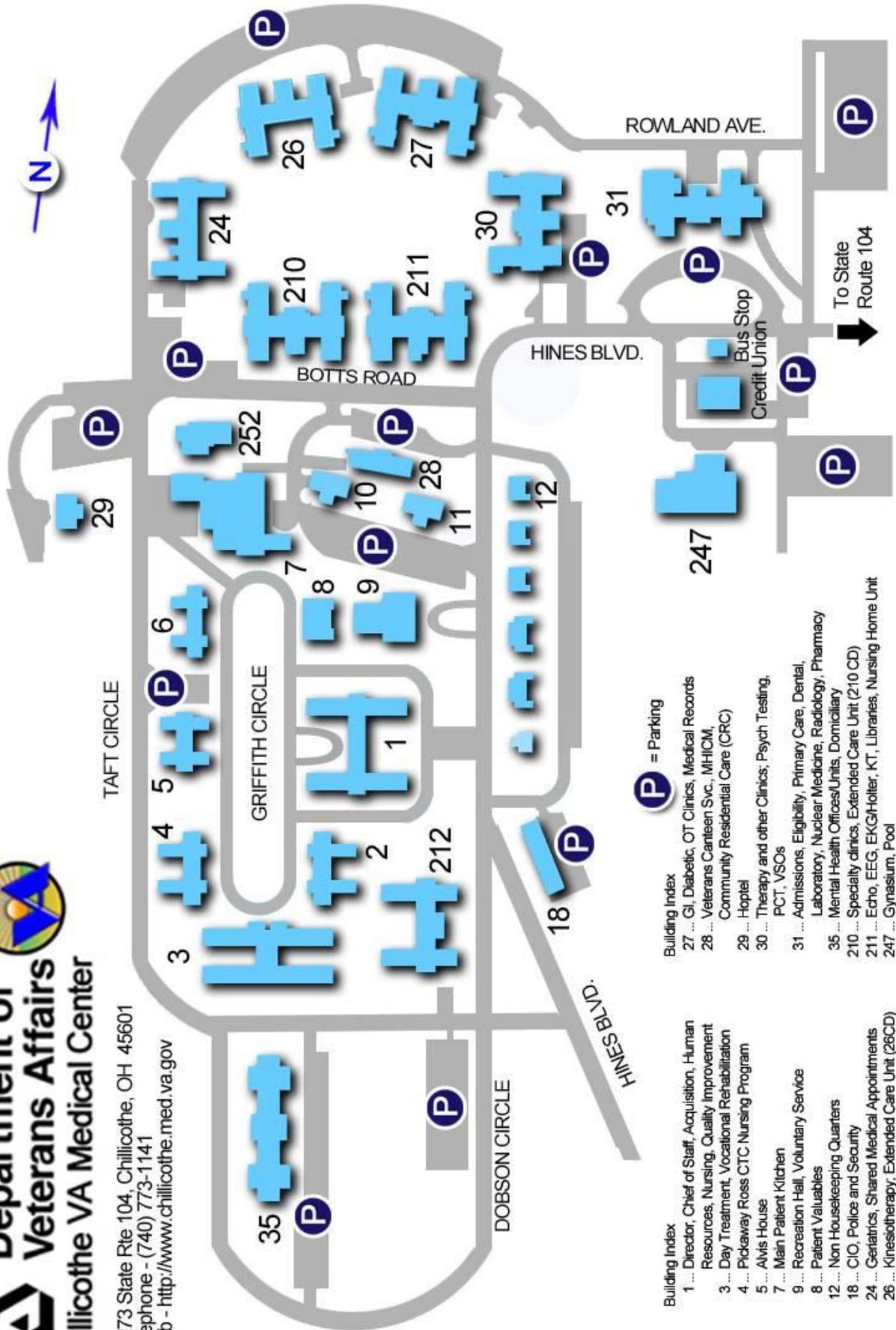


To US 23



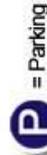
Department of Veterans Affairs Chillicothe VA Medical Center

17273 State Rte 104, Chillicothe, OH 45601
 Telephone - (740) 773-1141
 Web - <http://www.chillicothe.med.va.gov>



Building Index

- 1 ... Director, Chief of Staff, Acquisition, Human Resources, Nursing, Quality Improvement
- 3 ... Day Treatment, Vocational Rehabilitation
- 4 ... Pickaway Ross CTC Nursing Program
- 5 ... Avis House
- 7 ... Main Patient Kitchen
- 9 ... Recreation Hall, Voluntary Service
- 8 ... Patient Valuables
- 12 ... Non Housekeeping Quarters
- 18 ... CIO, Police and Security
- 24 ... Genetics, Shared Medical Appointments
- 26 ... Kinesiotherapy, Extended Care Unit (26CD)



= Parking

Building Index

- 27 ... GI, Diabetic, OT Clinics, Medical Records
- 28 ... Veterans Canteen Svc, MHICM
- Community Residential Care (CRC)
- 29 ... Hospital
- 30 ... Therapy and other Clinics; Psych Testing, PCT, VSOs
- 31 ... Admissions, Eligibility, Primary Care, Dental, Laboratory, Nuclear Medicine, Radiology, Pharmacy
- 35 ... Mental Health Offices/Units, Domiciliary
- 210 ... Specialty clinics, Extended Care Unit (210 CD)
- 211 ... Echo, EEG, EKG/Holter, KT, Librarians, Nursing Home Unit
- 247 ... Gymnasium, Pool
- 252 ... Chapel