



MASTER FILE
DEPARTMENT OF THE NAVY
NAVAL AMPHIBIOUS BASE LITTLE CREEK
2600 TARAWA COURT SUITE 100
NORFOLK, VIRGINIA 23521-3297

IN REPLY REFER TO:

NAVPHIBASELCREEKINST 11240.9
N9
8 Mar 99

NAVPHIBASELCREEK INSTRUCTION 11240.9

Subj: OPERATION AND MAINTENANCE OF MORALE, WELFARE, AND RECREATION VEHICLES

Encl: (1) Operator's Inspection Guide And Trouble Report
(NAVFAC 9-11240/13 (12-69))
(2) Operator's Report of Motor Vehicle Accident
(Standard Form 91)

1. Purpose. To promulgate guidelines for the operation and maintenance of Morale, Welfare, and Recreation (MWR) vehicles.

2. Discussion. MWR vehicles are purchased and maintained from nonappropriated funds. Vehicles are to be used only in the administration and logistic support of MWR functions and recreation programs authorized for participants of the Naval Amphibious Base Little Creek (NAVPHIBASE LCREEK) Recreation Fund by the Commanding Officer, NAVPHIBASE LCREEK. The MWR Storefront Director is assigned the responsibility of ensuring that these vehicles are properly maintained and used in accordance with the existing directives and policies.

3. Operation. The MWR Storefront Management Chief shall be responsible for the dispatching of all MWR vehicles.

a. The MWR Storefront Dispatcher shall:

(1) Ensure that MWR vehicles are not operated without his/her permission.

(2) Ensure that drivers of MWR vehicles have a valid driver's license covering the type of vehicle to be driven before they are permitted to operate such vehicle.

(3) Establish a preventative maintenance schedule for all MWR vehicles and ensure compliance.

(4) Ensure that vehicles are used only for authorized purposes and in accordance with local laws and traffic regulations.

(5) Consolidate trips when possible to avoid inefficient duplication and unnecessary operation of vehicles.

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b. Drivers of MWR vehicles will be responsible for compliance with the following:

(1) Before starting vehicle, visually inspect tires and general condition of the vehicle. All occupants shall fasten their seat belts. While driving, frequent observation of panel instruments will be made to ensure that conditions are normal. Always start cautiously and drive slowly until satisfied that the vehicle is in good working condition.

(2) The operator/activity with primary responsibility for the vehicle will make weekly checks utilizing enclosure (1).

(3) Drive with care and courtesy at all times. Observe all traffic regulations and local laws. Do not permit passengers to distract you while you are driving a vehicle.

(4) Carry out instructions of the dispatcher. Do not make any unauthorized trips or use vehicles for any unauthorized purpose.

(5) All accidents and vehicle damages, regardless of severity, are to be reported immediately to the NAVPHIBASE LCREEK Security Officer and the MWR Storefront Director. Personnel involved in accidents while operating government owned vehicles will comply with prescribed directives, local regulations, and civil laws of respective localities. The driver must deliver a completed Standard Form 91 (enclosure (2)) within 24 hours to the MWR Storefront Office, building 3624, telephone 462-8186.

4. Maintenance. The MWR Storefront Management Chief will publish vehicle maintenance schedules that will be adhered to for the effective maintenance and inspection of all MWR vehicles. Vehicles requiring repair will be promptly reported to the MWR Storefront Management Chief who will authorize repairs.

5. Availability. Operation of MWR vehicles will, at all times, be under the supervision of the assigned activity supervisor who will provide fully qualified drivers for authorized trips and ensure that adequate arrangements are made for compliance with safety requirements and the proper conduct of personnel riding in MWR vehicles. MWR vehicles, to the extent available, may be used for the following purposes:

a. To support scheduled athletic events sponsored by NAVPHIBASE LCREEK'S MWR Storefront Office.

b. To transport athletic teams composed of military personnel who officially represent a NAVPHIBASE LCREEK activity.

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c. To move personnel to include entertainers and guests, supplies, and equipment essential to NAVPHIBASE LCREEK MWR programs and special events.

6. Action. The MWR Storefront Management Chief will control and supervise the operation of all vehicles assigned to the MWR Storefront Office and ensure compliance with applicable instructions. He/she will also maintain complete and adequate insurance coverage for all MWR vehicles, the driver, and all personnel embarked as passengers in these vehicles.



W. C. WRIGHT, Sr.

Distribution:
NAVPHIBASELCREEKINST 5216.2N
List I - Case B
List II
List III - Case B & C
MWR (50 copies)

Stocked by:
Commanding Officer
Naval Amphibious Base Little Creek
2600 Tarawa Court Suite 100
Norfolk, VA 23521-3927

OPERATOR'S INSPECTION GUIDE AND TROUBLE REPORT

OPERATOR'S INSPECTION GUIDE AND TROUBLE REPORT	
REGISTRATION NO.	ODOMETER READING
Use this form as a guide when performing before and after operation inspections. Check (<input checked="" type="checkbox"/>) items that require servicing by maintenance personnel.	
<input type="checkbox"/>	1. DAMAGE (Exterior/Interior/Missing Components)
<input type="checkbox"/>	2. LEAKS (Oil, Gas, Water)
<input type="checkbox"/>	3. TIRES (Check inflation, abnormal wear)
<input type="checkbox"/>	4. FUEL, OIL, WATER SUPPLY (Anti-freeze in season)
<input type="checkbox"/>	5. BATTERY (Check water level, cables, etc.)
<input type="checkbox"/>	6. HORN
<input type="checkbox"/>	7. LIGHTS/REFLECTORS/MIRRORS/TURN SIGNALS
<input type="checkbox"/>	8. INSTRUMENTS (Oil, Air, Temperature, etc.)
<input type="checkbox"/>	9. WINDSHIELD WIPER
<input type="checkbox"/>	10. CLEAN WINDSHIELD/VEHICLE INTERIOR
<input type="checkbox"/>	11. CARGO, MOUNTED EQUIPMENT
<input type="checkbox"/>	12. STEERING
<input type="checkbox"/>	13. SAFETY DEVICES (Seat belts, flares, etc.)
<input type="checkbox"/>	14. DRIVE BELTS/PULLEYS
<input type="checkbox"/>	15. BRAKES (Drain air tanks when equipped)
<input type="checkbox"/>	16. OTHER (Specify in "Remarks")
DATE	
REMARKS	

NAVFAC 9-11240/13 (12-69)
Supersedes DD Form 1358
S/N 0105-LF-004-1195

U.S. GPO: 1990-727-001/00164

14. OPERATOR'S STATEMENT OF ACCIDENT AND USE OF SAFETY EQUIPMENT

Tell in your own way how the accident happened.

OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT

This form is to be completed by the Government operator at the time and the scene of the accident if possible. See the Privacy Act Statement on page 4.

DEPARTMENT OR AGENCY

NAME AND LOCATION OF ORGANIZATION TO WHICH YOU ARE ASSIGNED

1. OPERATOR DATA

LAST NAME — FIRST NAME — MIDDLE INITIAL AGE

Print clearly

RANK, RATING OR TITLE SERVICE NUMBER OR SOCIAL SECURITY NO. GOVT. MOTOR VEHICLE OPERATOR PERMIT NO.

HOME ADDRESS (Number, street, city, State, ZIP code) HOME TELEPHONE NO.

ACCIDENT OCCURRED DATE DAY OF WEEK TIME NUMBER OF HOURS ON DUTY PRIOR TO ACCIDENT

PLACE OF ACCIDENT (If in city, give number, street, city and State, if outside city limits, indicate mileage to nearest city, or other landmark.)

ORIGIN OF TRIP DESTINATION

PURPOSE OF TRIP

MAKE TYPE REGISTRATION NUMBER OR OTHER IDENTIFICATION OPERATOR'S ESTIMATED AMOUNT OF DAMAGE

PARTS OF VEHICLE DAMAGED (Describe) OPERATOR'S ESTIMATED AMOUNT OF DAMAGE \$

IF THIS WAS A BACKING ACCIDENT, YES NO If "Yes," was guide used? YES NO

MAKE TYPE YEAR

OPERATOR'S STATE PERMIT NUMBER VEHICLE LICENSE NUMBER AND STATE

OPER. ATED BY NAME HOME ADDRESS (Number, street, city, State, ZIP code)

OWNED BY NAME ADDRESS (Number, street, city, State, ZIP code)

PARTS OF VEHICLE DAMAGED (Describe) OPERATOR'S ESTIMATED AMOUNT OF DAMAGE \$

4. OTHER VEHICLE INVOLVED (If more than one, show in item 12, page 3)

5. OTHER PROPERTY DAMAGED (Explain. If more space is needed, continue in item 12, page 3.)

WAS VEHICLE EQUIPPED WITH SEAT BELTS? YES NO If "Yes," were they in use at time of accident? YES NO

Have you answered ALL the questions as completely as possible?

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 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.

OPERATOR SIGN HERE

DATE SIGNED

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STATE WHO GAVE MEDICAL AID, IF ANY WAS GIVEN	WHERE WAS INJURED TAKEN
CONDITION OF OTHER DRIVER	
If other driver or persons injured made statements as to cause of accident and extent of personal or property damage, relate conversation, also, give names and addresses of others hearing such statements.	

11. EVENTS AFTER ACCIDENT

STATE WHO GAVE MEDICAL AID, IF ANY WAS GIVEN	WHERE WAS INJURED TAKEN
CONDITION OF OTHER DRIVER	
If other driver or persons injured made statements as to cause of accident and extent of personal or property damage, relate conversation, also, give names and addresses of others hearing such statements.	

12. OTHER VEHICLE OR PROPERTY INVOLVED

OPERATOR'S STATE PERMIT NUMBER	VEHICLE LICENSE NUMBER AND STATE
MAKE	YEAR
NAME	
OPERATED BY	HOME ADDRESS (Number, street, city, State, ZIP code)
OWNED BY	ADDRESS (Number, street, city, State, ZIP code)
PARTS OF VEHICLE DAMAGED (Describe)	
OTHER PROPERTY DAMAGED (Explain)	
OPERATOR'S ESTIMATED AMOUNT OF DAMAGE \$	

13. DIAGRAM WHAT HAPPENED BY USING THESE SYMBOLS, BELOW

1. Number Federal vehicle as 1 - other vehicle as 2 - additional vehicle as 3, and show direction of travel by arrow (Example: →) 2. Use solid line to show path before accident 3. Dashed line after accident

3. Show pedestrian by ○ 4. Show railroad by ++++++ 5. Give names of streets or highways 6. Indicate north by arrow in this circle

6. PERSONS INJURED	NAMES	HOME ADDRESSES
7. OCCUPANTS IN YOUR VEHICLE		
8. OCCUPANTS IN OTHER VEHICLE(S)		
9. WITNESSES AND POLICE	POLICE OFFICER	BADGE NUMBER
		PRECINCT OR HEADQUARTERS
	INDICATE:	FEDERAL VEHICLE (Includes privately owned Federally operated)
	DIRECTION OF TRAVEL	OTHER VEHICLE (2)
	SIDE OF STREET OR HIGHWAY	
	APPROXIMATE SPEED	MILES PER HOUR
	CONDITION OF ROADWAY (Wet or dry, icy, etc.)	WEATHER (Clear, foggy, rain, snow, etc.)
		TYPE OF ROADWAY (concrete, mar-adam, etc.)
	OTHER INFORMATION (Explain stop signs, traffic signals, obstructions, etc.)	