



DCAM - FLEET MANAGEMENT DIVISION

PROCESS G001: *Preventive Maintenance Services for Fleet and State-Owned Vehicles*

1. COMPLIANCE

1.1. Agencies utilizing their own vehicles shall adhere to agency established maintenance schedule.

1.2. If the Fleet-owned vehicle is stationed, or regularly on business travels within 25 miles of the state vehicle maintenance facility, service shall be performed in the nearest state vehicle maintenance facility, i.e.:

- OMES-Fleet Management Division (Capitol Complex)
317 NE 31st Street, Suite A, Oklahoma City, OK 73105-4003 ([map](#))
Phone: (405) 521-2206; Fax: (405) 525-2682
http://www.ok.gov/DCS/Fleet_Management/FM_Contact/index.html
- OSU Transportation Services
2024 West Farm Road, Stillwater, OK 74078-2060 ([map](#))
Phone: (405) 744-7945; Fax: (405) 744-7948
<http://osuts.okstate.edu/>
- OU Fleet Services
510 E. Chesapeake, Norman, OK 73019 ([map](#))
Phone: (405) 325-1795 or (800) 522-0772 ext. 1795; Fax: (405) 325-0827
<https://www.ou.edu/fleetservices.html>

1.3. If the Fleet-owned vehicle is stationed beyond 25 miles of the nearest state vehicle maintenance facility, all "A" and "B" maintenance shall be obtained from a local vendor according to the criteria:

- Use local vendors listed on Statewide Contract 767. If a local vendor is not listed on SW767, determine which local vendor(s) is willing to accept the current State Fleet Card provided with the vehicle;
- Obtain a garage estimate for the service to be performed prior to commencement of work:
 - Estimates must not include sales tax;
 - Estimates equal to or exceeding \$100.00 (one hundred dollars) must be pre-approved by the Fleet Management Service (phone: 405-521-2204; fax: 405-525-2682).
Note: Authorization by the Division shall be obtained **prior** to commencement of the work. Unnecessary or unapproved services will be billed to agencies.
- Driver and /or Agency Fleet Administrator are required to **inform the clerk or service provider** at the time of purchase or service that all charges are **exempt from sales tax**. A copy of the Sales Tax Exemption letter is in the glove box. The Sales Tax Exemption number is printed on the face of the Fleet Card.
- All invoices (service detail and copy of receipt) for Fleet-owned vehicles shall be submitted to the Fleet Management Division via email, fax, mail or personal delivery (see 1.1. above).

1.4. If the vehicle is due for "C" maintenance, service shall be performed by the Fleet Management Division.

2. VEHICLE MAINTENANCE SCHEDULE

- "A" maintenance – 5,000 vehicle miles interval;
- "B" maintenance – 20,000 vehicle miles interval;
- "C" maintenance – 60,000 vehicle miles interval.

3. MAINTENANCE REQUIREMENTS

3.1. "A" Maintenance Requirements (at 5,000 mile intervals)

- Change oil and filter;
- Chassis lubrication;
- Check all fluid levels, which include:
 - Power steering;
 - Master cylinder;



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- Transmission fluid;
- Windshield washer;
- Battery; and Radiator coolant.
- Check tire condition and pressure;
 - Rotate and balance (if necessary); and,
 - Check spare.
- Check for proper operation of the following:
 - Windshield wiper and washer;
 - All lights and reflectors;
 - Horn;
 - Heater and air conditioner;
 - Emergency brake;
 - Radio.
- Check for fluid leaks.
- NOTE: Vehicles equipped with service minder (percentile oil life indicator), i.e. Honda Civic, must observe oil change intervals when "SERVICE" message appears on the display

3.2. "B" Maintenance Requirements ("A" Maintenance, plus the following at 20,000 mile intervals)

- Check and replace air and fuel filters, if necessary;
- Replace P.C.V. valve , if necessary;
- Clean and protect battery terminal ends;
- Check brakes;
- Check shocks;
- Check front wheel bearing on rear drive vehicles; and,
- Check drive axle boots on front drive vehicles.

3.3. "C" Maintenance Requirements ("A" and "B" Maintenances, plus the following at 60,000 mile intervals)

- Replace all belts and hoses, if necessary (no hoses replacement, if vehicle has extended life coolant);
- Service transmission; and,
- Complete detail clean (w/o engine clean).
- NOTE:
 - "C" Maintenance is performed by the Fleet Management Division only;
 - No transmission service and complete detail clean, if "C" Maintenance was performed at 50,000 miles.

4. COURTESY (LOANER) VEHICLES

- A loaner vehicle is provided only to Fleet lease customers bringing a vehicle for service at the Fleet Management Service Center. Otherwise, a driver is responsible for transportation accommodations.
- Customers whose cars require major repairs, or when replacement parts delivery takes more than a business day receive a primary consideration.
- A loaner vehicle is provided based on availability of vehicles.
- There is a per mile charge for fuel on all loaners. The charge will be billed to an agency along with the monthly invoice.

OKLAHOMA TAX COMMISSION

August 9, 2011

SALES TAX EXEMPTION FOR OKLAHOMA STATE GOVERNMENTAL ENTITIES USING FUEL CARDS

Dear Vendor:

Please be advised that all governmental entities of the State of Oklahoma are exempt from Oklahoma sales or use taxes pursuant to Title 68, O.S. 2001, Section 1356(1). Therefore, direct purchases made by a state entity are exempt from sales tax whereas purchases made by a contractor in fulfilling a State contract are taxable to the contractor.

Purchases made using a State of Oklahoma fuel card, by an authorized state employee, are direct purchases of the entity and are exempt under the law. A sample of the card to be presented is illustrated below.

Sincerely

OKLAHOMA TAX COMMISSION
Taxpayer Assistance Division



2501 NORTH LINCOLN BOULEVARD • OKALHOMA CITY • OKLAHOMA 73194

IT IS OUR MISSION TO SERVE THE PEOPLE OF OKLAHOMA BY PROMOTING TAX COMPLIANCE THROUGH QUALITY SERVICE AND FAIR ADMINISTRATION



DCAM - FLEET MANAGEMENT DIVISION

PROCESS A002: *Accidents and Incidents*

1. OVERVIEW

These guidelines provide general information and instructions in the event a state employee driving a vehicle leased or rented from FMD is involved in a vehicle accident or incident.

2. PERSONAL SAFETY

- 2.1. Turn off the engine; or,
- 2.2. If the engine cannot be turned off:
 - 2.2.1. Set the gear to neutral;
 - 2.2.2. Pull emergency brake;
 - 2.2.3. If the vehicle is positioned downhill, turn the steering wheel clockwise to turn vehicle wheels toward the curb or road's shoulder; if uphill, turn the steering wheel counterclockwise.
- 2.3. If the vehicle location and / or condition creates a risk to your personal safety, move away from the vehicle. If driver is unable to exit the vehicle, try to unlock the door. If life is in immediate danger due to the vehicle condition (e.g. leaking fuel and fire.), knock out the nearest window and exit the vehicle.
- 2.4. Unless there is an electrical or fuel problem with the vehicle, turn on the emergency lights.
- 2.5. Call 911 or a wrecker (see Section 4.4 or 4.5).

3. SAFETY OF OTHERS INVOLVED IN ACCIDENT

- 3.1. Call 911.
- 3.2. Do not move injured individuals unless absolutely necessary.
- 3.3. Do not tell the injured party that the State will accept responsibility for medical expenses.

4. ROAD SAFETY

- 4.1. Prevent vehicle from creating a road hazard. Pull the car as far off the road as possible, i.e. nearby parking lot or a road shoulder.
- 4.2. Otherwise follow steps in Sections 2.1. – 2.4.
- 4.3. If the vehicle location and / or condition does not create a risk to your personal safety, remain inside or nearby until wrecker and / or emergency response units arrive.
- 4.4. Call Primary Wrecker (if vehicle is not drivable):
 - 4.4.1. If vehicle is stationed within 50 miles from the Fleet Management Service Center;
 - 4.4.2. Working Days only (excluding state holidays): Monday to Friday, 7:30 A.M. to 4:30 P.M.;
 - 4.4.3. Dial 1-405-521-2204.
- 4.5. Secondary Wrecker:
 - 4.5.1. If vehicle is stationed beyond 50 miles from the Fleet Management Service Center or the Fleet Management Division is unable to provide service (i.e. after hours), call Fleet Rescue.
 - 4.5.2. Dial 1-800-226-3860



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PROCESS A002: *Accidents and Incidents*

5. MAKING STATEMENTS

- 5.1. Do not make any statements to the other driver or third party concerning the assumption of liability – **DO NOT ADMIT FAULT.**
- 5.2. Only give information required by authorities.
- 5.3. Do not sign any statement about an accident unless it is from an authorized representative of the Risk Management Division or your agency's authorized legal counsel.
- 5.4. Risk Management Contact Card
 - 5.4.1. Retrieve Risk Management Contact Card (either from the vehicle glove compartment or wallet).
 - 5.4.2. Fill out the back of the Card and give the Card to the third party involved in an accident to file a claim with the State.



Agency involved	

Name of Employee	

<i>If you are provided this card at the scene of an accident and wish to file a claim, contact Risk Management to initiate the claim filing process.</i>	

6. DRIVER ACCIDENT REPORTING RESPONSIBILITIES

- 6.1. **Contact agency immediately from the accident scene** to report your whereabouts, request agency personnel to notify:
 - 6.1.1. Appropriate supervisor;
 - 6.1.2. Agency Fleet Management Administrator;
 - 6.1.3. Agency Risk Coordinator.
- 6.2. **Record events** at the accident scene - the employee involved in an accident **SHALL:**
 - 6.2.1. Retrieve from the glove compartment and fill out the Accident Information Form, [DCAM-FORM-RM-009](#) (see 7.1 and 7.2);
 - 6.2.2. Do not give this form to anyone at the accident scene.
- 6.3. **Upon return to office on the same day or the following business day** provide the completed form to:
 - 6.3.1. Agency Risk Coordinator (original);
 - 6.3.2. Agency Fleet Management Administrator (copy).



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PROCESS A002: *Accidents and Incidents*

7. AGENCY ACCIDENT REPORTING RESPONSIBILITIES

7.1. The agency Fleet Management Administrator **SHALL**:

- 7.1.1. Contact the Fleet Management Division at 1-405-521-2204 and report an accident **immediately**;
- 7.1.2. Request Fleet Management wrecker, if vehicle is inoperable and an accident occurred within 50 miles from Oklahoma City (see 4.4., otherwise 4.5);
- 7.1.3. Report if the vehicle has already been taken by a wrecker;

NOTE: Agencies will be billed for any unreported or late-reported vehicle impound.

- 7.1.4. Provide a copy of the completed form [DCAM-FORM-RM-009](#) to the Fleet Management Division, 1-405-521-2206, fax: 1-405-525-2682.
- 7.2. The agency Risk Coordinator **SHALL** provide the completed form [DCAM-FORM-RM-009](#) to the Risk Management Division, 1-405-521-4999, fax: 1-405-522-4442.
- 7.3. If an accident involves another driver (third party), the Agency Risk Coordinator **SHALL** also provide the following information to the Risk Management Division on the same day or the following business day:
 - 7.3.1. Standard Liability Incident Report (SLIR-Vehicle-Property), [DCAM-FORM-RM-001](#);
 - 7.3.2. Scope of Employment, [DCAM-FORM-RM-002](#).

8. GENERAL AGENCY RESPOSIBILITIES

Agency Risk Coordinator and Agency Fleet Management Administrator must make sure that:

- 8.1. Each agency employee driving on state business has Accident Information Form [DCAM-FORM-RM-009](#) in the vehicle's glove compartment;
- 8.2. Each agency employee has Risk Management Contact Cards; contact the Risk Management Division at 1-405-522-4999.
- 8.3. Each agency employee driving a vehicle leased or rented from the Fleet Management Division has read this policy.

9. OTHER

- 9.1. If an accident renders a vehicle inoperable:
 - 9.1.1. The driver is responsible for own transportation accommodations on the date of an accident.
 - 9.1.2. An agency may choose to provide an alternative transportation on the date of an accident.
- 9.2. Defensive Driving:

Make good defensive driving a habit. It saves lives!

Sign up for Defensive Driving Class with Fleet Management

http://www.ok.gov/DCS/Fleet_Management/Defensive_Driving.html

STEP #8

Get Witnesses (if available)

Attach additional page, if necessary

Name _____ Phone no. _____

Address _____

STEP #9

Record facts about other property damage (Non-Vehicular)

Owner's Name _____ Phone No. _____

Address _____

Property Damaged _____

Nature of Damage (be brief) _____

Signature of Employee _____ Date _____

STATE OF OKLAHOMA

**Risk Management
Department
P.O. Box 53364
Oklahoma City, OK 73152-3364
405-521-4999**



**STATE WIDE TOLL FREE
(Agency use only)**

1-888-521-RISK (7475)

**FORMS CAN BE FOUND ON THE RISK
MANAGEMENT WEBSITE**

www.ok.gov/DCS/Risk_Management/index.html

TRI-FOLD

ACCIDENT INFORMATION FORM

**THIS FORM IS NOT
TO BE GIVEN TO
THE OTHER DRIVER**



**RM CARD IS TO BE GIVEN
TO THE OTHER DRIVER**

Keep Tri-fold and RM card in the glove compartment of all state and personal vehicles.

STEP #1

Assist the injured

- Do not move injured individuals unless absolutely necessary.
- Do not tell the injured party the state will accept responsibility for medical expenses.

Do Not Comment

- Do not admit any fault.
- Only give information required by authorities.
- Do not sign any statement except from an authorized representative of the Risk Management Department or your agency's authorized legal counsel.

STEP #2

Call the police or 911

Give exact location and advise if medical help is needed. Write down the name(s) and badge number(s) of police officer(s) who assist you.

Name: _____

Badge #: _____

Traffic Citation issued to:

- State Employee Other Driver

STEP #3

Call your Supervisor and/or Risk Coordinator

Contact your supervisor immediately. Complete a Standard Liability Incident report and a Scope of Employment form and send to your agency Risk Coordinator upon return your office.

Risk Coordinators will contact State Risk Management immediately.

STEP #4

Record the facts of the incident

DATE OF INCIDENT: _____

TIME: _____ A.M. or P.M.

LOCATION OF INCIDENT: _____

Describe the incident:

STEP #5

Facts about your vehicle

Agency _____ Department _____

Driver's Name _____

Department Phone # _____

Make/Year _____ Tag No. _____

What part of vehicle is damaged?

STEP #6

Obtain facts about other vehicle

Name _____ Phone No. _____

Address _____

Make/Year _____ Tag No. _____

Driver's License No. _____

Insurance Co. _____

Policy Number _____

What part of vehicle is damaged?

STEP #7

Obtain facts about injured person(s)

Attach additional page if necessary

Name _____ Age _____

Address _____ Phone No. _____

Injured Party:

- In State Vehicle Pedestrian
 In Other Vehicle

(CONTINUE TO STEP #8)



In case of accident contact

**Risk Management
Division**

405.521.4999

Agency involved

Name of Employee

If you are provided this card at the scene of an accident and wish to file a claim, contact Risk Management to initiate the claim filing process.

