



**DEPARTMENT OF THE NAVY**  
OFFICE OF THE COMMANDANT OF MIDSHIPMEN  
UNITED STATES NAVAL ACADEMY  
101 BUCHANAN ROAD  
ANNAPOLIS MARYLAND 21402-5100

COMDTMIDNINST 5101.1A  
OPS  
JUL 26 2019

COMMANDANT OF MIDSHIPMEN INSTRUCTION 5101.1A

From: Commandant of Midshipmen, U.S. Naval Academy

Subj: TRAFFIC SAFETY PROGRAM

Ref: (a) OPNAVINST 5100.12J  
(b) COMDTMIDNINST 5400.6U

Encl: (1) Vehicle Accident Report

1. Purpose. Per reference (a), to establish policy by meeting the requirements and procedures for the use of government owned, leased, or rented vehicles and to provide guidance to prevent motor vehicle accidents in personal vehicles while on leave or liberty.
2. Cancellation. COMDTMIDNINST 5101.1.
3. Scope and Applicability. This directive applies to all motor vehicle operators, passengers, bicyclists, and pedestrians assigned under the Commandant of Midshipmen and specifically to:
  - a. All midshipmen at all times.
  - b. All midshipmen operating or riding in or on a motor vehicle on a naval installation.
  - c. All midshipmen operating or riding in or on a motor vehicle owned or leased by the Navy, at all times, on or off base. This includes rental cars used while on official orders or Movement Orders.
4. Background. The personal and financial losses that result from motor vehicle mishaps are significant readiness degraders. Supervisors at all levels shall ensure traffic safety program measures are implemented to minimize losses.
5. General Traffic Safety Guidance
  - a. Occupant Protection
    - (1) Government Owned Vehicles (GOVs)

JUL 26 2019

(a) All midshipmen riding in or on a GOV shall properly wear safety belts. Individuals shall not ride in seating positions where safety belts have not been installed, or have been removed or rendered inoperative.

(b) No one shall ride in the cargo area of a motor vehicle.

(c) Vehicle drivers are responsible for informing all passengers of safety belt requirements. It is the senior military occupant's responsibility to ensure compliance by all passengers with these requirements.

(d) Drivers will report all failures or malfunctions of Navy motor vehicle safety belt assemblies to their supervisor for follow up.

(2) Privately Owned Vehicles (POVs)

(a) All midshipmen riding in POVs manufactured after 1968, on and off the Yard and Naval Support Activity Annapolis, shall wear safety belts. Individuals shall not ride in seating positions where safety belts have not been installed, have been removed or rendered inoperative.

(b) No one shall be authorized to ride in the cargo areas of motor vehicles.

(c) Vehicle drivers are responsible for informing all passengers of safety belt requirements. It is the driver's responsibility to ensure compliance by all passengers with these requirements.

b. Maximum Driving Time for GOVs

(1) Supervisors should not assign or authorize long distance or long duration driving without assessing the impact fatigue may have on personnel. No one may drive or require another person to drive a GOV more than a total of 10 hours in a 24-hour period. If there are multiple drivers, total driving time for all drivers should not exceed 10 hours. A 14-hour duty day, including driving and all other duties, should be the maximum allowed unless required under exceptional conditions. Any driving in excess of this standard should only be undertaken after a thorough Risk Assessment is completed. Specifically, when driving in excess of the standard, the Operations Officer should document risk assessment and acceptance, to include one-time and routine alternative procedures as necessary. Two drivers will be assigned on a trip of 10 hours or more.

(2) Use of alcohol 12 hours prior to operating a GOV is prohibited and operators must be free from the effects of alcohol (i.e., no hangover).

(3) Operators must have at least eight hours of sleep prior to operating a GOV.

(4) Drivers carrying other hazardous cargo (e.g. ammunition) may not drive more than eight hours in a 24-hour period. Two drivers will be assigned on a trip of eight hours or more.

Total driving time for both drivers shall not exceed 10 hours in a 24-hour period. Drivers shall relieve each other of driving responsibility at frequent intervals.

c. Maximum Driving Time for POVs

(1) All midshipmen shall follow any host nation, Federal, or State guidelines that may exist regarding maximum driving time.

(2) Supervisors shall ensure midshipmen apply personal risk management when planning trips. It is recommended that POV travel not exceed 10 hours in a 24-hour period and that long distance driving only be undertaken after adequate rest. Long distance travel for two or more drivers should not exceed 16 hours in a 24-hour period.

(3) If a midshipman is driving more than 150 miles or more than four consecutive hours to their destination during leave or liberty, the Company Officer (CO) or Senior Enlisted Leader (SEL) must review a Risk Assessment with the midshipman. This assessment can be completed using an ORM worksheet or the Travel Risk Planning System (TRIPS) at <https://trips.safety.army.mil>.

(a) Cell Phones, Texting, and Driver Distractions. All motor vehicle operators on government installations and the operators of GOV or leased vehicles on and off government installations shall not use cell phones or other hand held electronic devices unless the vehicle is safely parked. Additionally, the wearing of any portable headphones, earphones, or other listening devices while operating a motor vehicle is prohibited. All midshipmen shall refrain from any activity that may be a distraction while driving and lead to traffic mishaps.

(b) Headlights and Daytime Running Lights (DRLs). On all government installations, vehicles will be operated with headlights turned on during periods of precipitation and reduced visibility. Examples include, but are not limited to periods of light or heavy rain, snow, fog, or smoke. Driving with DRLs or headlights on increases visibility of a vehicle to others and has been shown to decrease mishaps. For this reason all personnel are encouraged to drive with DRLs or headlights on at all times, on and off installations.

(c) Open Alcohol Containers. While driving on any Department of the Navy installation, at any time, the operators and passengers of motor vehicles are prohibited from having open containers of alcoholic beverages in their ready possession.

6. General Traffic Safety Training Requirements

a. All midshipmen must complete the Navy E-Learning Driving For Life (DFL) course annually.

b. DFL training will be commenced each fall semester and shall be completed prior to Thanksgiving leave.

c. Company Safety Officers will ensure they receive a certificate of completion from each member of the Company. Company Safety Officers will then provide the certificates to the Company Administrative Officer for filing in performance jackets. Company Safety Officers will report companywide completion of training to the CO/SEL.

d. COs/SELs will report completion to the Commandant's Safety Officer.

e. If a midshipman is convicted of a moving violation while operating a motor vehicle on a Navy Installation or if determined to be at fault in a traffic mishap while on a Navy Installation, they will be required to attend a Naval Safety Center approved eight-hour course of driver improvement training at no cost.

## 7. GOV Operator Requirements

### a. Prerequisites for operating a GOV

(1) Must possess a valid driver's license.

(2) Must be 18 years old or older.

(3) At least two years of driving experience as a licensed driver.

### b. Training required for operation of GOV

(1) GOVs. Midshipmen are not authorized to operate 15 passenger vans. Officer Representatives and Commandant of Midshipmen staff who wish to operate 15 passenger vans must do so per reference (a).

(2) Duty GOVs. Midshipmen designated as Duty Drivers will review a traffic safety brief as part of the daily routine. The training will be located in the duty driver binder in Main Office and should normally be reviewed in the morning when mustering for duty.

### c. GOV Accident/Mishap Procedures

(1) Midshipmen who are involved in an accident/mishap while operating a GOV are required to complete enclosure (1) and provide the report to the Public Works Transportation Manager. This report is used to determine causes and surrounding circumstances, including how the accident could have been prevented. Reports shall also be forwarded to the Commandant's Safety Officer for entry in to the Enterprise Safety Application Management System database.

(2) The Officer of the Watch or Staff Duty Officer will make the appropriate notifications to the Company chain of command as necessary.

8. Pedestrian and Bicycle Safety

- a. Midshipmen shall adhere to all regulations regarding jogging, bicycle operation, reflective clothing, headphones, and hands-free electronic devices contained in reference (b).
- b. Midshipmen jogging on roadways shall jog facing oncoming traffic, in single file, and obey traffic rules.
- c. Proper Personal Protective Equipment, to minimally include head protection, shall be worn when using skateboards, roller-skates, roller-blades, and other similar equipment.
- d. Bicycle operators shall ride with traffic, in single file, obeying traffic rules while properly wearing reflective gear between sunset and sunrise and a bicycle helmet at all times. All midshipmen riding bicycles will wear an approved helmet on and off base.
- e. Working brakes and reflectors are required safety equipment for bicycles. Additionally, for bicycles ridden between sunset and sunrise, a white light on the front with a minimum visibility of 500 feet and a red light on the rear with a minimum visibility of 600 feet are required. These lights may be steady or blinking.

9. Records Management

- a. Records created as a result of this Instruction, regardless of format or media, must be maintained and dispositioned for the standard subject identification codes (SSIC) 1000 through 13000 series per the records disposition schedules located on the Department of the Navy/Assistant for Administration (DON/AA), Directives and Records Management Division (DRMD) portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.
- b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact your local records manager or the DON/AA DRMD program office.

11. Review and Effective Date. The Commandant's Operations department is responsible for the annual review of this instruction. This instruction will automatically expire five years after the effective date unless reissued or otherwise canceled prior to the five-year anniversary date, or an extension has been granted.



T. R. BUCHANAN

Distribution:  
Non-Mids (Electronically)  
Brigade (Electronically)

<b>MOTOR VEHICLE ACCIDENT REPORT</b>	<i>Please read the Privacy Act Statement on Page 3</i>	<b>INSTRUCTIONS:</b> Sections I through IX are filled out by the vehicle operator. Section X, Items 73 thru 83c are filled out by the operator's supervisor. Section 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. SOCIAL SECURITY NO./ TAX IDENTIFICATION NO.		14. DRIVER'S LICENSE NO./STATE/LIMITATIONS	
15a. DRIVER'S WORK ADDRESS				15b. WORK TELEPHONE NUMBER	
16a. DRIVER'S HOME ADDRESS				16b. HOME TELEPHONE NUMBER	
17. DESCRIPTION OF VEHICLE DAMAGE				18. ESTIMATED REPAIR COST \$	
19. YEAR OF VEHICLE	20. MAKE OF VEHICLE	21. MODEL OF VEHICLE		22. TAG NUMBER AND STATE	
23a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS				23b. POLICY NUMBER	
				23c. TELEPHONE NUMBER	
24. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		25a. OWNER'S NAME(S) (Last, First, Middle)		25b. TELEPHONE NUMBER	
26. OWNER'S ADDRESS(ES)					

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

27. NAME (Last, First, Middle)		28. SEX	29. DATE OF BIRTH		
30. ADDRESS					
<b>A</b>	31. 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		32. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	33. LOCATION IN VEHICLE	34. FIRST AID GIVEN BY
	35. TRANSPORTED BY		36. TRANSPORTED TO		
37. NAME (Last, First, Middle)		38. SEX	39. DATE OF BIRTH		
40. ADDRESS					
<b>B</b>	41. 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		42. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	43. LOCATION IN VEHICLE	44. FIRST AID GIVEN BY
	45. TRANSPORTED BY		46. TRANSPORTED TO		
<b>47. Pedestrian</b>	a. NAME OF STREET OR HIGHWAY		b. DIRECTION OF PEDESTRIAN (SW corner to NW 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 VII if additional space is needed)**

48. DATE OF ACCIDENT \_\_\_\_\_ 49. 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).

50. TIME OF ACCIDENT  
 AM  
 PM

**51. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED**

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

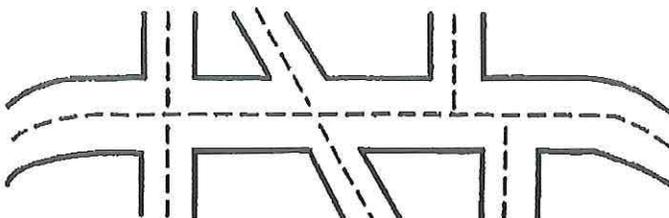
Example. → 1 ← 2 ←

b. Use solid line to show path before accident and broken line after the accident.

c. Show pedestrian by → ○

d. Show railroad by ++++++

e. Place arrow in this circle to indicate NORTH



**52. POINT OF IMPACT (Check one for each vehicle)**

FED	2	AREA
		a. Front
		b. Right Front
		c. Left Front
		d. Rear
		e. Right Rear
		f. Left Rear
		g. Right Side
		h. Left Side

53. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of 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 a 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	54. NAME (Last, First, Middle)	55. WORK TELEPHONE NUMBER	56. HOME TELEPHONE NUMBER
	57. WORK ADDRESS	58. HOME ADDRESS	
B	59. NAME (Last, first, middle)	60. WORK TELEPHONE NUMBER	61. HOME TELEPHONE NUMBER
	62. WORK ADDRESS	63. HOME ADDRESS	

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

64a. NAME OF OWNER (Last, first, middle)	64b. WORK TELEPHONE NUMBER	64c. HOME TELEPHONE NUMBER
64d. WORK ADDRESS	64e. HOME ADDRESS	
65a. NAME OF INSURANCE COMPANY	65b. TELEPHONE NUMBER	65c. POLICY NUMBER
66. ITEM DAMAGED	67. LOCATION OF DAMAGED ITEM	68. ESTIMATED COST

**SECTION VII - POLICE INFORMATION**

69a. NAME OF POLICE OFFICER	69b. BADGE NUMBER	69c. TELEPHONE NUMBER
70. PRECINCT OR HEADQUARTERS	71a. PERSON CHARGED WITH ACCIDENT	71b. 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.

**PRIVACY ACT STATEMENT**

The information on this form is subject to the Privacy Act of 1974 (5 U.S.C. section 552a). Authority to collect the information is Title 40 U.S.C. Section 491 and the title 31 U.S.C. Section 7701. The information is required by Federal Government agencies to administer motor vehicle programs, including maintaining records on accidents involving privately owned and Federal fleet vehicles, and collecting accident claims resulting from accidents. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of Personnel Management and the General Accounting Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Department of the Treasury and Justice, or a court under judicial proceedings; agency Inspectors General in conducting audits; private insurance and the collection agencies (including agencies under contract to Treasury to collect debt), and to other agency finance offices for federal management and debt collection. Furnishing the requested information is mandatory, including the Social security Number or Taxpayer's Identification Number (TIN) for use as a unique identifier to ensure accurate identification for individuals or firms in the system.

**SECTION IX - FEDERAL DRIVER CERTIFICATION**

I certify that the information on this form (Sections I thru VII) is correct to the best of my knowledge and belief.

72a. NAME AND TITLE OF DRIVER	72b. DRIVER'S SIGNATURE AND DATE
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**SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED**

73. ORIGIN	74. DESTINATION
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75. EXACT PURPOSE OF TRIP

76. TRIP BEGAN	DATE	TIME (Include AM or PM)	77. ACCIDENT OCCURRED	DATE	TIME (Include AM or PM)
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78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)	79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
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80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)	81. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED? <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
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82. 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
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83a. NAME AND TITLE OF SUPERVISOR	83b. SUPERVISOR'S SIGNATURE AND DATE	83c. TELEPHONE NUMBER
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**SECTION XI - ACCIDENT INVESTIGATION DATA**

84. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION?  NO  YES (If checked, explain below.)

**85. PERSONS INTERVIEWED**

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

86. ADDITIONAL COMMENTS (Indicate section and item number of each comment)

**SECTION XII - ATTACHMENTS**

87. LIST ALL ATTACHMENTS TO THIS REPORT

**SECTION XIII - COMMENTS/APPROVALS**

88. REVIEWING OFFICIAL'S COMMENTS

89. ACCIDENT INVESTIGATOR			90. ACCIDENT REVIEWING OFFICIAL		
a. SIGNATURE	b. DATE		a. SIGNATURE	b. DATE	
c. NAME (First, Middle, Last)			c. NAME (First, Middle, Last)		
d. TITLE			d. TITLE		
e. OFFICE			e. OFFICE		
f. OFFICE TELEPHONE NUMBER			f. OFFICE TELEPHONE NUMBER		
AREA CODE	NUMBER	EXTENSION	AREA CODE	NUMBER	EXTENSION