
Ohio Department of Administrative Services
Bob Taft, *Governor*
Carol Nolan Drake, *Director*

General Services Division
Office of Risk Management
4200 Surface Road
Columbus, Ohio 43228-1395

614.466.0427 fax
<http://www.das.ohio.gov/gsd/Risk/risk.htm>



DATE: _____

**AUTHORIZED USE OF MOTOR VEHICLE
AS OUTLINED IN DIRECTIVE
06-13**

An accident has been reported involving a vehicle owned or assigned to your Agency. Your prompt completion and return of the following verification of authorized use form will assure that your Agency is properly represented in this matter.

**STATE OF OHIO
ADMINISTRATIVE SERVICES
General Services Division
Office of Risk Management
4200 Surface Road
Columbus, Ohio 43228-1395**

**RETURN COMPLETED FORM TO
FAX: 614.466.0427
EMAIL: risk.management@das.state.oh.us
(Hardcopy is not required)**



AUTO LIABILITY CLAIM NUMBER: _____

DATE OF ACCIDENT: _____

NAME OF STATE DRIVER: _____

PLEASE CHECK ONE OF THE FOLLOWING:

1. The state motor vehicle involved was assigned to the above driver and was being used in the course of state business at the time of accident.

2. The state motor vehicle involved was assigned to the above driver but was not being used in the course of state business at the time of accident.

3. The motor vehicle was not assigned to the above driver.

If 2 or 3 is checked, does your agency intend to file charges for misuse of a state vehicle (ORC 124.71)?
 Yes **No** **Decision Pending**

SUPERVISOR

DATE

AGENCY

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APPOINTING AUTHORITY

DATE

I have reviewed the information related to this accident as well as the information provided by the driver,
and I have checked the appropriate categories.