

## Appendix C

Form VMR - 1, 09/11

### VEHICLE MISUSE INCIDENT REPORT FORM

State of Mississippi  
Department of Finance and Administration  
Bureau of Fleet Management

To: Bureau of Fleet Management  
701 Woolfolk Building, Suite A  
501 North West Street  
Jackson, MS 39201

The State of Mississippi requires its employees to operate state-owned vehicles in a safe and courteous fashion, obeying all transportation laws. Citizens or State Employees who observe a state-owned vehicle being operated improperly are asked to notify the BFM of such incidents.

Notify our office by completing the form below and sending it to the address listed at the top of this page. We will forward a copy of the complaint to the appropriate agency for an investigation of the incident to determine if action is required.

We at State Fleet management sincerely appreciate your interest and concern for the proper operation of the vehicles belonging to the State, and we thank you for your time and effort.

Date of observation Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Vehicle Identification (if known) \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Driver Identification (if Known) Name: \_\_\_\_\_

Approximate Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Description: \_\_\_\_\_

Location of Incident (such as street, highway, intersection, direction of travel)

\_\_\_\_\_

Brief Description of Incident (Be specific; attach additional pages as necessary)

\_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name(print) \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_