DEPARTMENT OF THE ARMY
405TH ARMY FIELD SUPPORT BRIGADE
LOGISTICS READINESS CENTER ITALY
UNIT 31412, BOX 14
APO AE 09630

ASEU-LVC 22 July 2015

MEMORANDUM FOR ALL SUPPORTED UNITS/ORGANIZATIONS

SUBJECT: Transportation Motor Pool (TMP) External Standing Operating Procedures (SOP)

1. Enclosed is the External SOP of the TMP.

2. This SOP is to uphold regulatory procedures and guidelines for organizations and tenant units utilizing the Logistics Readiness Center Non-Tactical Vehicle (NTV) fleet.

3. This SOP supersedes all previous editions.

4. The POC for this SOP is TMP Supervisor, DSN 637-7817, usarmy.vicenza.imcom-europe.list.usag-vicenza-tmp@mail.mil

Expired certificate

X Jeffrey Schott

Signed by: SCHOTT.JEFFREY.ROBERT.1039894609
JEFFREY SCHOTT
Director Logistics Readiness Center

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405th LRC VICENZA, TRANSPORTATION MOTOR POOL #3
EXTERNAL STANDING OPERATING PROCEDURES (SOP)

1. Purpose.

a. The purpose of this Standing Operating Procedure (SOP) is to prescribe policies and define responsibilities for all personnel dispatching Non-Tactical Vehicles (NTVs) from the Transportation Motor Pool #3 (TMP) and utilizing other services provided by the TMP.

b. It is not the intent of this SOP to duplicate the information included in the applicable regulations and directives, but rather to detail and clarify these requirements concerning the operation and management of administrative use motor vehicles and to improve the support provided through increased communication and cooperation between the NTV users and the TMP.

2. Applicability.

This SOP is applicable to all personnel assigned duties connected with the operation, control and maintenance of vehicles assigned to the TMP, as well as all units and individuals dispatching vehicles from the TMP.

3. References.

a. AR 58-1, Management, Acquisition, and use of Motor Vehicles dated 10 Aug. 04.

b. AE Reg 58-1, Management, Acquisition, and use of Non-Tactical Vehicles dated 25 Apr 07.

c. AE Reg 55-1, United States Army Motor Vehicle Operations on Public Roads dated 24 May 05.

d. AR 190-5, Motor Vehicle Traffic Supervision, dated 22 May 06

e. AR 600-55, Army Drivers Testing and Licensing, dated 18 Jun 07

f. AE Reg 600-55, Driver and Operator Standardization Program, dated 8 Feb 07

g. AE Reg 385-55, Prevention of Motor Vehicle Accidents, dated 13 Feb 06

h. AR 385-10, Army Safety Program, dated 27 Nov 13

i. AE 385-40 Accident Reporting and Records, dated 25 Sep 05

4. Points of Contact.

TMP Supervisor at DSN 637-7817, commercial at 0444-617817.
TMP Dispatcher at DSN 637-7815, commercial at 0444-617815.
Drivers' Testing Office at DSN 634-6912/6913, commercial at 0444-716912/6913

5. Responsibilities.

a. Logistics Readiness Center (LRC) Director

The LRC Director has overall responsibility for preparation, changes, revisions, and contents of this SOP. Unit Commanders of supported activities are assigned responsibility for adherence to and compliance with this SOP

b. Installation Transportation Officer

(1) Ensure units responsible for managing, operating, and maintaining NTVs. Implement and follow the policy and procedures in this SOP

(2) Ensure NTVS are properly assigned to meet recognized requirements, either on a recurring or general-dispatch basis, within available resources. Conduct quarterly reviews of dispatch categories and adjust user dispatch categories based on utilization criteria and command goals for the proper balance of recurring versus general dispatch

(3) Manage, supervises, and develops procedures to implement DA and Army in Europe regulatory guidance to ensure NTVs are used efficiently. Implementation includes conducting mandatory formal training for UTC's and alternate UTCs on fleet management procedures and ensuring that unit users of NTVs follow the policy and instructions of the NTV program

(4) Determine , when necessary , the official use of NTVs by considering whether the transportation is:
Required to successfully complete an official military function, action, or operation
Consistent with the purpose for which the vehicles was acquired

c. Commanders/Supervisors Responsibility

Commanders and Supervisors are responsible for ensuring that all regulations, directives and SOPs pertaining to administrative use motor vehicles stated in the above references are complied with by their assigned personnel and should:

(1) Ensure compliance with procedures outlined in this SOP.

(2) Refer to the TMP any applicable problem(s) that should be resolved by the TMP.

(3) Insure that all potential users of transportation motor services are provided information regarding procedures and policies for requesting those services as stated in Annex A to this SOP.

(4) Review all NTV accident reports prepared by subordinate elements to ensure that information is factual, accurate and timely to meet suspense dates, as stated in Annex C.

(5) Conduct frequent inspections, as required, to ensure that their personnel are complying with pertinent regulations and directives and are operating vehicles efficiently IAW Annex B.

(6) Ensure that vehicles, dispatched to their unit/section are used for the performance of official business and that the equipment operator is properly licensed as stated in Annex D.

(7) Appoint a Unit Transportation Coordinator and alternate and insure they are briefed and understand their duties as outlined IAW AE Reg. 58-1, paragraph 1-5d and chapter 11. See sample appointment memo at Annex A, Figure A-4.

d. Transportation Motor Pool: Dispatcher / TMP Supervisor

Establish and maintain records for NTV request, authorization, distribution, operations, and use. This will include ensuring personnel responsible for the use of TMP is made available for training.

(1) Check all personnel to ensure they have a valid and properly annotated Operator's Drivers License. (Optional Form 346)

(2) Initiate Equipment Utilization Record, figure A-3, for each vehicle dispatched and collect the same from the using unit/organization upon return of the vehicle or expiration of the dispatch.

(3) Ensure that no vehicle is dispatched for purposes other than official use as explained in Annex D.

(4) Ensure that prior to returning a vehicle to TMP control, the vehicle is fueled, cleaned and that all fluid levels are at proper level, Annex B.

(5) Ensure that every vehicle is properly dispatched IAW Annex A before it is moved.

(6) Ensure that the dispatch is properly filled out and that all required forms, SF 91 Accident Report (figure C-2), Preventative Maintenance Checks and Service (PMCS) checklist (figure B-1), IFMS (Interagency Fleet Management System)breakdown reporting procedures and Trittico are in the log book at the time the vehicle is dispatched.

(7) Issue vehicle WEX fuel card IAW, Annex G.

e. Responsibilities of User.

(1) Driver License Requirements:

(a) In order to obtain an OF 346, U.S. drivers, who are assigned within the USAG Vicenza AOR must possess a valid Allied Forces Italy (AFI) privately owned vehicle (POV) license. Personnel who are in Italy on temporary duty (TDY) must possess a valid Military Driver's license (OF 346) issued by a European Command. Personnel on Overseas Deployment Training (ODT) rotation must take the Installation Management Command – Europe (IMCOM-Europe) driving test which must be annotated on their DA Form 5984-E.

(b) All U.S. licensed drivers must complete the Accident Avoidance Course once every 4 years. Those who are assigned within USAG Vicenza AOR must submit certificate of completion to Driver's Testing prior to obtaining an OF 346. Personnel who are on ODT rotation must have "Accident Avoidance Course" annotated on their DA Form 5984-E under "Qualifications/Restrictions".

(c) Host Nation (HN) employees must possess a valid European driver's license and submit a request signed by their supervisor in a standard memorandum format to obtain an NTV license.

(2) Any person who has been entrusted with Government property for temporary use (with or without a hand receipt) has an obligation to properly care for and safe keep that property. If it is damaged while in their use, the damage must be immediately and properly reported, as stated in Annex C, so that liability can be established, and the damage repaired. Operators/Units are responsible for any and all Parking/Moving violations incurred while vehicle is in use by them.

(3) Perform the before, during and after operation checks on assigned vehicle as prescribed in the applicable Operator's Manual and/or instructions published by the TMP, Annex B of this SOP.

(4) Operate an NTV only if it is properly dispatched and only for official use as stated in Annex D. Operation of vehicles for other than official use will lead to
the return of the vehicle to the general dispatch fleet for use by other customers even if it has been justified on recurring dispatch. Know that operation of NTVs for other than official use is subject to disciplinary action.

(5) Correct all deficiencies noted while performing PMCS checks and services when such deficiencies are within your competence. Report deficiencies which cannot be corrected to the TMP Dispatcher or Supervisor

(6) Whenever a vehicle is left unattended, the ignition key will be removed, the windows rolled up. And the doors locked.

(7) When the driver returns the vehicle to TMP, ensure that the vehicle is fueled, clean and other fluid levels are at the proper level. The keys removed, and the doors locked; the ignition key, along with its corresponding WEX fuel card, will be turned into the dispatcher with the dispatch appropriately completed.

(8) Ensure that the vehicle is fueled, clean and that all other fluid levels are at the proper level prior to returning the vehicle to the TMP.

(9) NTVs are not authorized to travel outside of Italy without prior notification to the TMP and receipt by Unit/Organization of proper insurance documents and border clearance authorization. See Annex E.

(10) Smoking is **strictly prohibited** in TMP vehicles. Units/Sections and Directorates may be held responsible for cleaning of vehicles if they allow their personnel to smoke in the vehicles.

(11) NTV operator are prohibit from using a cell phone unless the vehicle is safely parked or the driver is using a hands-free device.

6. Non-Tactical Vehicle Recovery.

a. All personnel who dispatch vehicles from the TMP, should be aware of the procedure for requesting vehicle recovery support in the event the vehicle becomes inoperative.
The driver/senior occupant should contact the following toll free number in Italy only: **800 190783**. Be prepared to provide all pertinent information concerning exact location, direction of travel, vehicle description to include tag number and what you think is wrong with the vehicle. If any other company is allowed to recover the vehicle, the cost of that recovery could be charged to the driver/unit. It is the unit's responsibility for coordinating and providing onward or return transportation to stranded users. See Annex H for recovery outside of Italy

b. Obtain a receipt from tow vehicle driver. The receipt will show the company which tows the NTV and to where it is towed. If no receipt is given, notify TMP ASAP.

c. Under no circumstances is a tactical wrecker authorized to recover NTVs.

7. Justification for Recurring Dispatch Requests.

a. IAW AE Reg. 58-1, all recurring dispatches of Non-Tactical Vehicles must be held to a minimum. Vehicles will not be placed on recurring dispatch without sufficient written justification from the requestor and approval by the unit Commander or his designated representative. These justifications will be submitted to the TMP IAW paragraph 1 of Annex A.

b. Recurring dispatches will be based upon utilization studies. All vehicles are subject to be withdrawn from recurring dispatch as a result of failure to achieve the minimum mileage utilization and minimum daily usage of 80%.

8. Loss of Italian Cover Plates.

a. Any loss or destruction of a cover plate must be reported to TMP immediately.

b. Units/Sections will be required to file a report of lost cover plate to the USARAF Carabinieri. U.S. Military Police report is not sufficient in these cases.

c. A copy of the report will be provided to the TMP who will forward it to the IFMS representative so that new cover plates and associated documents can be obtained. Once the report is filed with the USARAF Carabinieri, the use of fabricated cover plates is strictly prohibited. Use of fabricated plates could cause the vehicle and all occupants being detained and questioned by local law enforcement agencies since plates have been reported lost through police channels.

d. While awaiting new cover tags and associated documents, the vehicle cannot be driven unless the AFI OFFICIAL plates are placed on the vehicle. These plates are controlled by the IFMS representative and requests for these plates must be made through their agency.

9. Vehicle Modifications.

a. Painting, marking and modifying assigned vehicles from its original must be submit to LRC TMP Supervisor for approval by Interagency Fleet Management System (IFMS)

b. The request must contain type of vehicle being modified, plate number, reason for modification and how the vehicle is being modified, i.e. installation of radio and antenna, etc. Cost for modification is incurred by the requestor.

c. Units/ Activities are responsible for the modification procurement cost and the cost of labor for installation. When the vehicle is no longer needed or replaced, the user is responsible for the cost of returning the vehicle to its original condition.

10. Wright Express Fuel Card (WEX)/Fuel Coupons and Telepasses

A WEX fuel care is provided for all vehicles in the TMP fleet. For lost/stolen cards users are require to submit a replacement application and a Police Report to the TMP office.
Fuels coupons are issued by the LRC Installation Property Book Office (IPBO) located in building 66. Only personnel on a valid DA Form 1687, Signature Card, will be allowed to pick up fuel coupons.
Telepasses for unit assigned vehicles are obtained by contacting the IPBO office at DSN: 634-8102.

11. Unit Transportation Coordinators (UTC) Responsibilities.

a. GENERAL: Unit Transportation Coordinators (UTCs) are non-tactical vehicle managers within various units, activities located in the VMC. TMP utilized UTC's as principle focal point of contact. The UTC should familiarize themselves with the TMP policies and procedures outline in this SOP and disseminated necessary information to other unit personnel (i.e.; commander, operators). The designation of UTC is an essential element in reviewing and validating request for NTV support for LRC assets.

All units/activities requesting NTVs for the TMP will appoint a primary and an alternate UTC. See Figure A-4, for an example of the appointment memorandum. For this appointment, one must have the following qualifications:

(1) Military personnel must be an E-5 or above.

(2) Department of the Army Civilian (DAC) personnel must be a GS-7 or above.

(3) Host Nation employee must be a U5 or above

b. Unit Transportation Coordinators will:

(1) Serve as POC for the unit for NTV matters for NTVs used in recurring-dispatch status and when the unit requires NTVs from the general-dispatch fleet.

(2) Attend required training on the duties, responsibilities, and procedures for sound fleet-management practices.

(3) Obtain and be familiar with the LRC Vicenza TMP Standing Operating Procedure.

(4) Create and maintain an in-house scheduling system to ensure customer NTV requirements are recorded and met.

(5) Consolidate and coordinate NTV requirements to ensure the maximum possible use of the NTV fleet.

(6) "Right-size" the unit fleet to ensure that assigned vehicles meet utilization standards.

(7) Provide guidance, assistance, and documentation to unit personnel when they must be referred to the TMP for general-dispatch support.

(8) Ensure all operators using NTV's are properly licensed, conduct preventive-maintenance checks, and are familiar with NTV use and documentation requirements. They will also ensure that the users properly complete all NTV use procedures.

(9) Ensure dispatch sheets are properly completed and that all NTV use (miles driven and days used) is documented.

(10) Conduct quarterly utilization review of NTV'S with TMP, based on total unit-transportation requirements for recurring-dispatch vehicles, privately owned vehicle (POV) mileage, commercial bus and rail, and general-dispatch NTV use.

(11) Serve as the POC for resolution and payment of traffic violations incurred by the unit.

(12) Comply with policy and instructions on reporting utilization data.

(13) Coordinate the timely delivery of assigned NTVs to maintenance vendors for service and repair as directed by the TMP. Local contractors will perform all maintenance, repairs, and warranty service on IFMS vehicles. The TMP will notify UTCs with instructions on the turn-in for routine maintenance. UTCs will coordinate the delivery of the NTV, pickup and delivery of the driver, and later retrieval of the NTV.

(14) Serve as the unit POC for NTV breakdowns. This includes informing unit leaders and NTV users that the unit is responsible for coordinating and providing onward or return transportation to stranded users. Units must coordinate with the TMP for assignment of an alternate NTV, or the unit may make alternate transportation arrangements to recover NTV users. Onward or return transportation of stranded NTV users is not the responsibility of a vehicle-recovery contractor, the TMP staff, or the IFMS.

(15) Immediately notify the TMP if an NTV user reports a vehicle breakdown or accident.

(16) Sign and submit transportation requests to TMP utilizing the Request for Motor Transportation (Figure A-2).

c. <u>The UTC is the only authorized person to coordinate with the TMP. The authority granted in this appointment may not be delegated to any other person.</u>

d. All units/activities serviced by the TMP will submit a transportation request signed by the UTC.

ANNEXES

ANNEX A

NTV Request Procedures/Dispatching.

1. Recurring Dispatch. This service is provided to units/activities having a continuing daily requirement for administrative vehicle support. A recurring dispatch is obtained by submitting a written justification and DA Form 1687 (Notice of Delegation of Authority, figure A-1) to TMP for approval.

a. The justification, at a minimum, must include the type of vehicle required, the person (name, rank, unit) responsible for the vehicle, the number of days per week required, the purpose and estimated monthly mileage.

b. The request must be signed by the unit's Transportation Coordinator or designated alternate. The DA Form 1687 and request must be renewed annually or when a change of personnel occurs.

c. Approval of a recurring dispatch will be determined by availability of vehicles, unit's purpose for use of vehicle, estimated daily usage and monthly mileage.

2. General Dispatch.

a. Request for Mission Dispatch (figure A-2) for one time request must include the following information: Name of driver; date and time needed; place to report; destination; purpose of trip; number of passengers or cargo (in pounds) to be transported; approximate miles to be driven; and date and time of return. Priorities for vehicle requests are as follows:

(1) Contingency Operations

(2) BASOPS Sustainment

(3) Military Unit Activities

(4) Community Support

b. Mission requests must be received at TMP NLT 72 working hours prior to start of mission, in order to give the Dispatcher/TMP Supervisor time to schedule vehicles or notify requestor if vehicles are unavailable. General Dispatch vehicles will be dispatched for a period no longer than 7 days at which time the vehicle must be returned or a new mission request submitted justifying extension.

c. Once a unit has been notified that a vehicle is available, the driver must pick up the vehicle within 15 minutes from the requested time. If a unit fails to pick up a vehicle within the allotted time frame, then the vehicle will be returned to General Dispatch and made available to other requestors.

d. TMP is a USER-DRIVER motor pool. Units/activities requesting TMP assistance are responsible for providing a qualified operator for the requested vehicle. Units/activities which require assistance with large vehicles, i.e.; Tractor-Trailer, Lowboy, 10K/15K pound forklifts etc., are responsible for requesting Carabinieri escort, if required. TMP will provide an operator for these large vehicles, depending on availability, if unit/activity does not have a qualified operator.

e. All drivers are required to perform operator maintenance (PMCS), to include pre/post operation checks as outlined in Annex B, regardless of rank. Vehicles not serviced or cleaned at the end of the dispatch will not be dispatched again until the unit accomplishes the required cleaning and servicing.

f. For all TMP vehicles, the driver is responsible for properly filling out the Motor Equipment Utilization Record (Dispatch, figure A-3) and PMCS Checklist (Annex B) for each day of use, and ensuring they are kept with the logbook. The dispatch and checklist will be returned to TMP upon completion of the mission or upon expiration of the dispatch.

g. Failure to comply with the above requirements could result in suspension of transportation support without notification.

3. Overnight Bus Requests.

a. Units/Activities requesting bus support for more than 1 day, should submit their request a minimum of 2 weeks in advance to insure availability.

b. Units/Activities requiring driver support from TMP are responsible for Temporary Duty (TDY) funds for the driver if duration of the trip exceeds twelve (12) hours. If the trip is to Germany and the unit is transporting weapons, the units/activities are responsible for obtaining Carabinieri support and border clearance by contacting 39th MCB/MC-South at DSN: 634-8786.

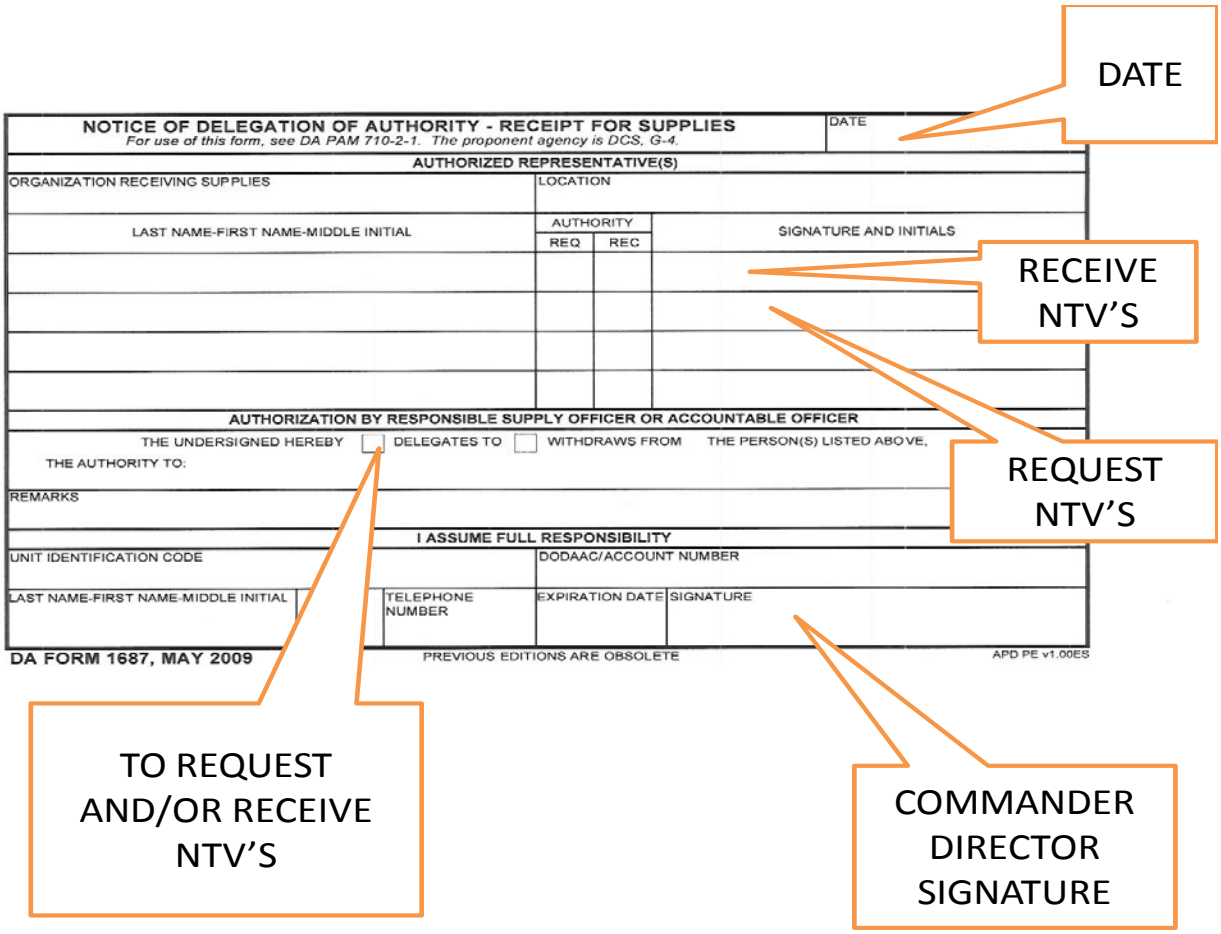
DATE
NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES
For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.
DATE
AUTHORIZED REPRESENTATIVE(S)
ORGANIZATION RECEIVING SUPPLIES
LOCATION
LAST NAME-FIRST NAME-MIDDLE INITIAL
AUTHORITY
REQ
REC
SIGNATURE AND INITIALS
RECEIVE NTV'S
AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER
THE UNDERSIGNED HEREBY DELEGATES TO WITHDRAWS FROM THE PERSON(S) LISTED ABOVE,
THE AUTHORITY TO:
REMARKS
REQUEST NTV'S
I ASSUME FULL RESPONSIBILITY
UNIT IDENTIFICATION CODE
DODAAC/ACCOUNT NUMBER
LAST NAME-FIRST NAME-MIDDLE INITIAL
TELEPHONE NUMBER
EXPIRATION DATE
SIGNATURE
DA FORM 1687, MAY 2009
PREVIOUS EDITIONS ARE OBSOLETE
APD PE v1.00ES
TO REQUEST AND/OR RECEIVE NTV'S
COMMANDER DIRECTOR SIGNATURE

FIG. A-1

FIG. A-2

PRINT FORM | RESET FORM | EMAIL FORM

LRC VICENZA TRANSPORTATION MOTOR POOL, CASERMA EDERLE BLDG#272

REQUEST FOR MOTOR VEHICLE TRANSPORTATION

NOTICE: GOV REQUESTS ARE VALID FOR ONE VEHICLE ONLY AND ARE NOT TO EXCEED 7 DAYS

From:
Name:
*Unit:
*UNIT INCURRING VEHICLE USAGE COST

ATTN: LRC VICENZA Transportation Motor Pool, BLDG#272 Camp Ederle
Hours: 0800-1600 (CLOSED 1200-1300)
Dispatch DSN : 637-7815
Operations DSN: 637-7819 637-7814 637-7817
Email: usarmy.vicenza.imcom-europe.list.usag-vicenza-tmp@mail.mil

1. Type of Vehicle Requested: SELECT TYPE OF VEHICLE

2. Departure (ONLY DUTY DAYS M-F)
a. Date
b. Time

3. Return (ONLY DUTY DAYS M-F)
a. Date
b. Time

4. Origin (installation, bldg. #): Vicenza

5. Destination (location, installation)

6. TMP Driver (IF REQUIRED BLOCK C,D,E MUST BE COMPLETED
a. Not Required
b. Required REQUIRED APPROVAL FROM UNIT RESOURCE MANAGEMENT (RMO)
c.Location
d.At time (HH:MM)
e. Signature

7. Point of contact (POC / NCOIC for the mission)
a. Name and rank
b. DSN
c. Cell

8. Justification (be specific about purpose, who, what, and why)

9. Authorization (to be completed and signed by transportation coordinator (UTC)
a. Name and rank
b. Date
c. Signature

Drivers must present a valid OF 346 or equivalent Government vehicle license at time of pickup.

Transportation Motor Pool Use Only

Approval	Government vehicle is
Approved	Available
Disapproved	Not available

Received
405th Transportation Motor Pool, BLDG. 1046
Date:
Signature:

EMAIL FORM

Vehicle number:

Additional Remarks:

BILLING INFORMATION:

Daily rate ($) X		X Days used		Daily Rate Total	
Mileage rate ($)		X Miles used		Mileage Rate Total	
				Total cost ($)	

G210242E

WHEN IN SHOP DATES MUST BE ANNOTATED

IFMS ROADSIDE RECOVERY SERVICE 800-190783 (For ITALY)

Motor Equipment Utilization Record

IFMS

This Dispatch Expires on:	18-Aug-14	Dispatcher's Signature	
Equipment Type:	AUTOM ST WAGON, COMPACT, CL II	USA # G210242E	ADM # L2412
Unit:	173rd BDE S/4 0	Next Service Due	PLATE # EH633DC
Report To:	CARDOZA BENJAMIN **DIESEL**	At Odometer Reading:	47,066 15,203
Current Odometer	31,863	On Date:	Jul-15 TO GO

	Time		Ending	Operator's			Fuel		Oil	Furthest
Date	Out	In	Odometer	Name (Last, First)	Rank	Signature	Used	L/G	Used	Destination
6-Aug-14	18:43	19:00	31896	LOWE NICHOLAS			10	L		TORRI
07AUG14	0805	1015	31934	VAROTTO FABRIZIO						LONGARE
07AUG14	1130	1345	31950	CASAROTTO FRANCO						LERINO
07AUG	1430	1600	31980	LATENERO FABIO						DEL DIN
08AUG	0400	1600	32200	MARA GIUSEPPE			15	L		VENICE
09AUG			IN	SHOP						
10AUG			IN	SHOP						
11AUG			IN	SHOP						
12AUG			IN	SHOP						
13AUG			IN	SHOP						
14AUG	0830	1100	32520	CINGANO MASSIMO			20	L		MILANO
15AUG	1000	1600	32700	LORA ALESSIO						VENICE
15AUG	1630	1800	32727	PIERANTONI ANTONIO						TORRI
16AUG	0900	1800	33018	PRIEBE THOMAS			15	L		MILAN
17AUG	0900	1130	33060	MORROW RANDY						DEL DIN
17AUG	1400	1630	33085	RIVERA JAVIER						LERINO
18AUG	0830	1100	33094	LOWE NICHOLAS			15	L		RE-DISPATCH
				Released by:		Date:	Signature:			

C+ AMDS

INSTRUCTIONS: Start a new line upon every operator change and for each new calendar day. Ensure that all columns are completed including the Total Days Driven, Total Fuel, and Total Oil at the bottom of the form.

IAW AE 58-1 the use of this duty vehicle for other than official purposes is prohibited and, in case of violation, may result in corrective/disciplinary action.

In conformità con AE 58-1 l'uso di questo veicolo tranne per scopi ufficiali è proibito, nel caso di violazione, può provocare un azione disciplinare.

When the dispatch is already expired send it to TMP distribution list for renewal: usarmy.vicenza.imcom-europe.list.usag-vicenza-tmp@mail.mil

Date Printed: 6-Aug-14 FAX 634-6918 637-7815\7819 CIV Phone 0039 0444517815\7819

FIG.A-3

OFFICE SYMBOL: DATE:

MEMORANDUM FOR 405TH AFSB, Logistics Readiness Center Vicenza, Transportation Division, Installation Transportation Motor Pool, UNIT 31412, BOX 14, APO AE 09630

SUBJECT: Appointment of Unit Transportation Coordinator/Alternate Unit Transportation Coordinator

1. IAW AR 58-1, paragraph 2-2b, and AER 58-1 paragraph 1-5b you are appointed as indicated:

2. EFFECTIVE DATE:

3. PERIOD: Indefinite

4. PURPOSE: To perform duties as Unit Transportation Coordinator for (YOUR UNIT) _____ UIC: _____, DODAAC: _____.

5. SPECIAL INSTRUCTIONS: None

COMMANDER SIGNATURE BLOCK
RANK/BRANCH
Commanding

DISTRIBUTION
1-LRC
2-TMP
3-Individual

SAMPLE

FIG. A-4

ANNEX B

Operator Preventive Maintenance Checks and Services (PMCS).

1. Maintenance Services. Whether driving a recurring dispatch or general dispatch fleet vehicle, required maintenance services will be performed by every using unit/organization. Implementation of an administrative use vehicle maintenance program includes, as a minimum, the performance of the following basic types of maintenance:

a. Operator Inspection and Service. Operator inspection consists of visual and operational inspection to determine that the vehicle is serviceable and safe to operate. Operator service includes minor or simple parts replacement, and servicing (coolant, fuel, tires and battery). Operator inspections and observations (before, during and after operations) are the most important elements of the maintenance program.

b. Defects discovered during these inspections or during operation of the equipment will be noted on the PMCS Checklist (figure B-1) and reported before vehicle operation. The driver must stop operation immediately if a deficiency is observed that could damage the equipment or render it unsafe. The following items will be inspected and serviced each day the vehicle is operated or when drivers are changed that day:

(1) Before operation:

(a) Damage, pilferage (inside and outside)

(b) Leaks, general (coolant, oil, fuel and other fluid leaks)

(c) Fuel, oil and coolant levels

(d) Instruments, gauges, switches, controls and warning devices are present/functional

(e) Safety devices: e.g. windshield washers and wipers, mirrors, horn, seat belts, glass and defrosters

(f) Tire changing equipment present, condition of spare tire

(g) Lights, signals and reflectors are working and present

(h) Condition of batteries, cables, terminals and drive belts

(i) Tires: damage, tread and inflation

(j) Brake fluid reservoir

(2) During operation:

(a) Instruments, gauges, switches, controls and warning devices

(b) Brakes

(c) Clutch, if applicable

(d) Steering

(e) Engine Operation

(f) Unusual noises

(3) After operation:

(a) Lights and reflectors

(b) Safety devices

(c) Fuel (refill)

(d) Drive belts

(e) Tires: inspect for damage, inflate if necessary

(f) Muffler, exhaust and tailpipe, inspect for damage and leaks

(g) Clean inside and outside (including removal of personal items and trash)

(h) Body damage not present prior to operating the vehicle: file an accident report and report immediately to the TMP. See Annex C for accident procedures.

2. Report of unsatisfactory condition. Failure of material, malfunctioning of equipment, unsatisfactory design or other unsatisfactory conditions will be reported immediately to TMP.

3. Scheduled Maintenance services. Scheduled maintenance is programmed by IFMS personnel. Once units/activities are notified that their assigned vehicle is scheduled a service, it is their responsibility to take the vehicle to the designated maintenance facility to have the service performed. Failure to comply with this will result in the vehicle being returned to TMP to allow TMP/IFMS personnel to take the vehicle in for servicing, time permitting. TMP will not dispatch a loaner vehicle for vehicles in maintenance facilities for regular scheduled maintenance.

Non-Tactical Vehicle PMCS Checklist

STARTING DATE:	ADMIN#	USA#
6-Aug-14	L2412	"G210242E"

NOTE: DO NOT REMOVE SEATS !

	6-Aug	7-Aug	8-Aug	9-Aug	10-Aug	11-Aug	12-Aug	13-Aug	14-Aug	15-Aug	16-Aug	17-Aug	18-Aug /18AUG	19-Aug /19AUG	20-Aug	21-Aug	22-Aug	23-Aug
PRIOR TO OPERATION / *PRIMA DI FUNZIONAMENTO*																		
a. Check vehicle for damages / *Verificare eventuali danni al veicolo* (Report damages immediately to Thelkmasterfy (notificare il danno immediatamente al supervisore)	✓	✓	✓						✓	✓	✓	✓	✓	✓				
b. Check windows for cracks and cloudiness / Verificare eventuali crepe o bozze di tutti i vetri del veicolo	✓	✓	✓						✓	✓	✓	✓	✓	✓				
c. Check headlights, taillights, brake lights and turn signals / Controllare luci posizione, anabbaglianti,abbaglianti,freccia,stop e retromarcia	✓	✓	✓						✓	✓	✓	✓	✓	✓				
d. Check and adjust mirrors / *Controllare e regolare gli specchi*	✓	✓	✓						✓	✓	✓	✓	✓	✓				
e. Check windshield wiper, windshield washer and horn / *Controllare spazzole tergicristallo, liquido lavavetri e clacson*	✓	✓	✓						✓	✓	✓	✓	✓	✓				
f. Check tires (incl. spare) for cracks, bubbles or bears, proper pressure and tread /*Controllare stato delle gomme*(incluso ruota di scorta)della pressione, eventuali difetti delle gomme in uso	✓	✓	✓						✓	✓	✓	✓	✓	✓				
g. Check for puddles under vehicle, i.e. coolant, oil, etc./ Controllo macchie sospette sotto al veicolo(acqua,olio ecl)	✓	✓	✓						✓	✓	✓	✓	✓	✓				
h. Check oil level of the engine / Controllo livello olio motore	✓	✓	✓						✓	✓	✓	✓	✓	✓				
i. Check coolant level / Controllo livello vaschetta liquido di raffreddamento	✓	✓	✓						✓	✓	✓	✓	✓	✓				
j. Check water hoses and fan belt / Controllo tubi acqua radiatore e cinghia ventole raffreddamento motore																		
k. On vehicles with air-breaks - air-valve released and the maximum air pressure must be gained before departing / Veicoli con freni ad aria- prima di partire assicurarsi che i freni devono avere le max pressione																		
l. Check if jack, wrench, warning triangle first-aid kit and warning vest are in the vehicle /*Controllo se il veicolo dispone di sollevamento per il cambio ruota triangolo, cassetta pronto soccorso e giubbetto di sicurezza*	✓	✓	✓						✓	✓	✓	✓	✓	✓				
WHILE ENGINE IS RUNNING / CON IL MOTORE ACCESO																		
a. Check transmission fluid - only vehicles with automatic transmission / *Controllo liquido trasmissione*(veicolo automatico)	✓	✓	✓						✓			✓	✓	✓				
b. Watch for sparks, leaks (water, oil), smoke and missing ignition, engine knocks / Controllo candele,perdite(acqua,olio) fumo o mancata messa in moto e motore rumoroso	✓	✓	✓						✓			✓	✓	✓				
ALL DEFICIENCIES MUST BE CORRECTED PRIOR TO DEPARTURE. (REPORT TO DISPATCH OFFICE) / TUTTE LE PROBLEMATICHE RELATIVE AL VEICOLO DEVONO ESSERE MESSE A PUNTO PRIMA DI PARTIRE (notifica al tuo dispatcher)																		
DURING THE OPERATION / DURANTE LA GUIDA																		
a. Watch for brakes pulling to one side or being mushy / rumori per freni che fischiano o veicolo tira a dx o sx	✓	✓	✓						✓	✓		✓	✓	✓				
b. Watch for play in steering / Eventuale gioco di sterzo	✓	✓	✓						✓	✓		✓	✓	✓				
c. In case of warning lights coming on - stop and check coolant, oil, battery and fan belt/ In caso di qualche luce di pericolo si accende,fermarsi e controllare livello di vaschetta radiatore,olio,batteria,cinghia ventole di raffreddamento	✓	✓	✓						✓	✓		✓	✓	✓				
d. Watch for unusual noises / *Eventuali e inusuali rumori*	✓	✓	✓						✓	✓		✓	✓	✓				
e. Watch for proper function of the clutch / Eventuali malfunzionamenti della frizione (per veicoli cambio manuale)	✓	✓	✓						✓	✓		✓	✓	✓				
AT HALTS / IN SOSTA																		
a. Clean windows and lights as needed / *Pulire vetri e luci al bisogno*	✓	✓	✓						✓		✓							
b. Check for leaks and smoke / Controllo perdite liquido ed eventuale odore e fumo sospetto	✓	✓	✓						✓									
AFTER OPERATION / LE OPERAZIONI DA EFFETTUARE A FINE GIORNATA																		
a. Check hoses / Controllo tubi acqua radiatore	•		✓						✓									
b. Check fan belt / *Controllo cinghia ventole raffreddamento*		✓								✓		✓	✓	✓				
c. Check battery / Controllo stato batteria																		
d. Check exhaust system / Controllare intero stato marmitta		✓							✓									
e. Check oil level of power steering / Controllare liquido olio sterzo																		
f. Refuel vehicle. Ensure you fill up the proper fuel! /Rifornimento veicolo. Sicuri di rifornirlo con il giusto carburante	✓								✓	✓	✓		✓					
g. Wash vehicle and clean interior / *Lavaggio veicolo esterno ed interno*																		
h. Check oil level (wait 5 minutes) / Controllare liquido olio dopo 5 minuti	✓	✓	✓						✓	✓	✓		✓					
i. Vehicles with air brakes: Drain air tanks / *Veicoli con freni ad aria: controllare perdite aria tubi in pressione*																		

Name:	Signature:
LOWE NICHOLAS	
VARONE FABRIZIO	
CARARO FRANCO	
LATTENERO FABIO	
MAICA GIUSEPPE	

ANNEX C

Instructions to be Followed in Case of Accident.

1. Regulations prescribe that any accident or incident involving military vehicles must be reported to the nearest U.S. Military Police Station and/or the Military Police of the Headquarters to which the vehicle is assigned. All accidents/incidents, whether or not there is damage to the military vehicle, whether the accident/incident was at fault or not, must be reported immediately. If circumstances do not allow immediate reporting of the accident/incident, it will be reported within 24 hours. The TMP Supervisor/IFMS personnel are to be informed when this action has been completed.

2. In the event of an accident involving a TMP vehicle, no matter how minor or whether or not any damage has occurred, the following action must be taken by the driver/senior occupant of the vehicle:

a. Stop the vehicle.

b. Render assistance to injured or call for help as applicable.

c. Take precautions to prevent further accident or injuries by posting road guides and warning triangles.

d. Disclose identity to the local law enforcement and/or operator of other vehicle involved.

e. Report the accident to the nearest Military Police Station by telephone. Ask local law enforcement for help if necessary. If this is not possible and the accident is minor, report to the MP Desk Sergeant immediately upon return to the installation.

f. Do not make any statement, oral or written to anyone at the scene of the accident or incident regarding liability or claims.

g. Obtain names and addresses of the persons involved with the accident. Make a sketch of the road where the accident occurred. A short description of the road conditions will also be made before leaving the scene. (Use the SF 91, Operator's Report of Motor Vehicle Accident located in the logbook, figure C-1).

h. Upon return to TMP, report the accident or incident to TMP/IFMS personnel who will provide you with additional information.

i. Complete the Operator's Report of Motor Vehicle Accident, SF 91, as soon as possible, leaving no blank spaces on the form. Use N/A, None, or Unknown if necessary.

j. Damage, no matter how minor, must be reported to TMP no later than 24 hours after the accident/incident. This must be accomplished by the driver to whom the vehicle was dispatched
or the individual who discovered the damage.

3. Due to the limited number of vehicles in the General Dispatch Fleet, any vehicle involved in an at fault accident which requires repair will not be replaced with a loaner vehicle. Those units/organizations involved in not at fault accidents/incidents will receive a loaner vehicle provided a suitable vehicle is available and mission requirements permit.

MOTOR VEHICLE ACCIDENT REPORT	Please read the Privacy Act Statement on Page 3	INSTRUCTIONS: Sections I through IX are filled out by the vehicle operator. Section X, items 72 thru 82c are filled on 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.

SECTION I - FEDERAL VEHICLE DATA

1. DRIVER'S NAME (Last, first, middle)	2. DRIVER'S LICENSE NO./STATE/LIMITATIONS	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
	$				☐ YES ☐ 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

15. a DRIVER'S WORK ADDRESS	15b. WORK TELEPHONE NUMBER
16a. DRIVER'SHOME 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. DRIVE'S INSURANCE COMPANY NAME AND ADDRESS	23b. POLICY NUMBER
	23c. TELEPHONE NUMBER

24. VEHICLE IS	25a. OWNER'S NAME(S) (Last, first, middle)	25b. TELEPHONE NUMBER
☐ CO-OWNED ☐ RENTAL ☐ LEASED ☐ PRIVATELY OWNED		

26. OWNER'S ADDRESS(ES)

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

A

27. NAME (last, first, middle)	28. SEX	29. DATE OF BIRTH

30. ADDRESS

31. MARK "X" IN TWO APPROPRIATE BOXES	32. IN WHICH VEHICLE	33. LOCATION IN VEHICLE	34. FIRST AID GIVEN BY
☐ KILLED ☐ DRIVER ☐ PASSENGER ☐ INJURED ☐ HELPER ☐ PEDESTRIAN	☐ FED ☐ OTHER (2)		

35. TRANSPORTED BY	36. TRANSPORTED TO

B

37. NAME (last, first, middle)	38. SEX	39. DATE OF BIRTH

40. ADDRESS

41. MARK "X" IN TWO APPROPRIATE BOXES	42. IN WHICH VEHICLE	43. LOCATION IN VEHICLE	44. FIRST AID GIVEN BY
☐ KILLED ☐ DRIVER ☐ PASSENGER ☐ INJURED ☐ HELPER ☐ PEDESTRIAN	☐ FED ☐ OTHER (2)		

45. TRANSPORTED BY	46. TRANSPORTED TO

47. Pedestrian

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.)*

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Previous edition not usable

STANDARD FORM 91 (2/2004)
Prescribed by GSA-FMR 102-34.295

FIG. C-1

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

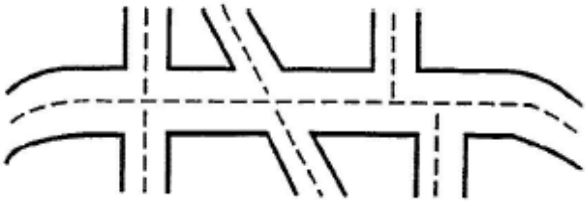
Example. → 1 ⟨ 2 ←

b Use solid line to show path before accident → 2
and broken line after the accident - - - - - - 2

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. R. Front
		c. L. Front
		d. Rear
		e. R. Rear
		f. L. Rear
		g. R. Side
		h. L. 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, 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 formation 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 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

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

73. ORIGIN	74. DESTINATION

75. EXACT PURPOSE OF TRIP

	DATE	TIME *(Include AM or PM)*		DATE	TIME *(Include AM or PM)*
76. TRIP BEGAN			77. ACCIDENT OCCURRED		

78. AUTHOURITY FOR THE TRIP WAS GIVEN TO THE OPERATOR

☐ ORALLY ☐ IN WRITING *(Explain)*

79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE?

☐ NO ☐ YES *(Explain)*

80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS?

☐ YES ☐ NO *(Explain)*

81. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED?

☐ NO ☐ YES *(Explain)*

82. COMPLETED BY DRIVER'S SUPERVISOR	a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY	
	☐ YES ☐ NO	b. COMENTS

83a. NAME AND TITLE OF SUPERVISOR	83b. SUPERVISOR'S SIGNATURE AND DATE	83c. TELEPHONE NUMBER

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

ANNEX D

Official Use.

1. Interpretation of official use will be in favor of strict compliance with existing regulations. TMP vehicles will not be utilized for personal business and are specifically prohibited for use to and from domicile IAW AE Reg 58-1.

2. The OIC/NCOIC or Supervisor of each activity, section or unit who receives a TMP vehicle is responsible for safeguarding, proper use and adequate utilization of the vehicle. The senior occupant of the vehicle, as defined in AE Reg 385-55, is directly responsible for the safeguarding, proper use and adequate utilization of the vehicle.

3. Transportation may be obtained for the following programs and activities, provided vehicles are available:

a. Departure on Emergency Leave when there is insufficient time to arrange for commercial transportation. Personnel returning from Emergency Leave are NOT authorized government transportation. Utilization of the Vicenza military Community (VMC), Central Processing Facility (CPF) airport shuttle will be utilized whenever practical.

b. Command sponsored, organized and supervised activities, after receiving approval from LRC. This includes Scout organizations which are sponsored by the VMC Vicenza.

c. Other Command approved transportation.

4. Transportation of personnel PCSing in or out of the Command is provided through coordination with VMC CPF. Use of this service will be utilized to the maximum extent possible for this purpose.

ANNEX E

NTVs Outside the IFMS AOR (Belgium/Germany/Italy/Netherlands)

1. Before taking a transportation motor pool (TMP) vehicle outside the IFMS approved operating area, the user is required to obtain permission from the local TMP manager. Mileage reimbursements for traveling outside of the approved AOR countries (Germany, Italy, Netherlands, Belgium) will be levied against the user. In addition to any area or theater clearance that may be required, diplomatic or transit border clearances must be requested through the local Brigade Movement Control Team (BMCT) and obtained for U.S. Government vehicles before they enter or leave many NATO and non-NATO countries while on official business. This applies to all Government-owned or Government-leased vehicles, regardless of the license plates on the vehicle (for example, official U.S. Army registration plate, U.S. Forces POV plates, General Services Administration Interagency Fleet Management System (IFMS) plates, or host-nation plates). Units should initially contact their local BMCT prior to driving a vehicle out of assigned country.

2. The Transportation Division is providing border crossing documents **only** for Austria.

3. See attached sample documents:

   a. Certificate on Liability of Public Authority (E-1).

   b. European Accident Statement form to be filled up in case of accident (E-2).

   c. Border Clearance (E-3).

NOTE: Austria does not recognize a Allied Forces in Italy License or OF 346 driver's license. Austrian law requires a valid license issued by an EU country or a valid U.S. driver license accompanied by an International driver's License

Zur Information der Organe des öffentlichen Sicherheitsdienstes oder der Straßenaufsicht!

For the information of law enforcement organs and traffic wardens!

Bescheinigung über die Staatshaftung
Certificate on Liability of Public Authorities

Die/das
The

USAG Vicenza Italy,
Caserma Ederle

bestätigt, dass das Fahrzeug mit dem behördlichen Kennzeichen
certifies that the vehicle with the official registration number _____
mit dem Anhänger, behördliches Kennzeichen
with the trailer with the official registration number _____
der Staatshaftung seitens
is subject to liability of public authorities through United States of America
unterliegt.

Diese Bescheinigung ist einer Bescheinigung gemäß § 62 Absatz 4 Kraftfahrgesetz 1967 (KFG 1967) gleichzuhalten.
This certificate is to be considered as the equivalent of a certification pursuant to Article 62 paragraph 4 of the 1967 Motor Transport Act.

Für den Fall eines Verkehrsunfalls wird folgende Kontaktstelle zur Einbringung von Schadenersatzbegehren bekanntgegeben:
In the event of a traffic accident, claims for damages are to be directed to the following point of contact:
Kontaktstelle:
Point of Contact: United States Army Claims Service, Europe

Anschrift:
Address: Department of the Army, United States Army Claims Service, Europe
Postfach 41 03 40, 68277 Mannheim, Germany

Telefonnumer:
Telephone: 0049-621-730-6451 or 0049-621-730-6149 (duty hours)
0049-162-296-9966 (after duty hours)

Fax: 0049-621-730-6200 E-Mail: claimservice@eur.army.mil

Ort, Datum:
Place, Date: Vicenza, _____

Unterschrift
Signature

_____

FIG. E-1

FIG.E-1

IMPORTANT - PLEASE READ THIS CAREFULLY

Directions for use of the European Accident Statement

GENERAL NOTES

THE OBJECT OF THIS FORM IS TO GET A STATEMENT OF THE FACTS OF THE ACCIDENT AGREED BY EACH DRIVER.

The Continental driver will also have a similar form in his own language and it does not matter which one is completed, BUT you must ensure that you keep either the original or the copy of the completed form to send to your insurer.

(e.g. a Frenchman may fill in his part of his own form in French, leaving you to complete your part of his form in English – you will know what the questions mean by looking at your own form).

INSTRUCTIONS

AT THE SCENE OF THE ACCIDENT

1. Get details of all witnesses before they leave. Complete question 5.
2. Preferably using a ballpoint pen, complete fully either the blue or the yellow part of the Agreed Statement of Facts (you will need to refer to your insurance certificate, green card and driving licence).
3. When you are satisfied with the accuracy of the statement, sign it and have it signed by the other driver (15).
4. Don't forget to -
   (a) mark clearly under (10) the point of initial impact.
   (b) put a cross (X) in each appropriate square on your side of (12) and state the total number of spaces marked with a cross.
   (c) draw a plan of the accident location (13) showing all the information indicated.

UNDER NO CIRCUMSTANCES ALTER ANYTHING ON THE AGREED STATEMENT OF FACTS AFTER COMPLETION

WHEN YOU RETURN HOME

1. FULLY COMPLETE the Motor Accident Report on the back of the English version of the Agreed Statement of Facts.

2. Send the completed Agreed Statement of Facts and Motor Accident Report immediately to your Insurer.

SPECIAL NOTE

This form may be used even if no other vehicle is involved, for example: own damage, theft, fire, injury to pedestrian. etc.

KEEP THIS FORM (AND A BALLPOINT PEN) IN YOUR CAR

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FIG. E-2

1978

agreed statement of facts on motor vehicle accident

Does NOT constitute an admission of liability, but a summary of identities and of the facts which will speed up the settlement of claims.

Must be signed by BOTH drivers

1. date of accident | time

2. place (exact location of accident)

3. injuries even if slight — no ☐ yes ☐ *

4. property damage other than to the vehicles A and B — no ☐ yes ☐ *

5. witnesses names, addresses and tel. nos. (to be underlined if it relates to passenger in A or B)

vehicle A

6. insured policyholder *(see insurance cert.)*

Name (capital letters) _____

First name _____

Address _____

Tel. No. *(from 9 hrs. to 17 hrs.)* _____

Can the insured recover the Value Added Tax on the vehicle? no ☐ yes ☐

7. vehicle

Make, type _____

Registration No. (or engine No.) _____

8. insurance company _____

Policy No. _____

Agent (or broker) _____

Green Card No. *(if issued)* _____

Ins Cert. or Green Card } valid until _____

Is damage to the vehicle insured? no ☐ yes ☐

9. driver *(see driving licence)*

Name (capital letters) _____

First name _____

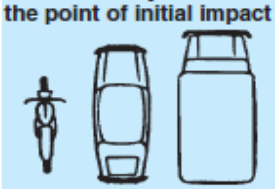
Address _____

Driving licence No. _____

Groups _____ Issued by _____

valid from _____ to _____

10. indicate by an arrow the point of initial impact



11. visible damage

14 remarks

12. circumstances

Put a cross (X) in each of the relevant spaces to help explain the plan.

A			B
☐	1	parked (at the roadside)	1 ☐
☐	2	leaving a parking place (at the roadside)	2 ☐
☐	3	entering a parking place (at the roadside)	3 ☐
☐	4	emerging from a car park, from private grounds, from a track	4 ☐
☐	5	entering a car park, private grounds, a track	5 ☐
☐	6	entering a roundabout (or similar traffic system)	6 ☐
☐	7	circulating in a roundabout etc.	7 ☐
☐	8	striking the rear of the other vehicle while going in the same direction and in the same lane	8 ☐
☐	9	going in the same direction but in a different lane	9 ☐
☐	10	changing lanes	10 ☐
☐	11	overtaking	11 ☐
☐	12	turning to the right	12 ☐
☐	13	turning to the left	13 ☐
☐	14	reversing	14 ☐
☐	15	encroaching in the opposite traffic lane	15 ☐
☐	16	coming from the right (at road junctions)	16 ☐
☐	17	not observing a right of way sign	17 ☐
☐		← State TOTAL number of spaces marked with a cross →	☐

vehicle B

6. insured policyholder *(see insurance cert.)*

Name (capital letters) _____

First name _____

Address _____

Tel. No. *(from 9 hrs. to 17 hrs.)* _____

Can the insured recover the Value Added Tax on the vehicle? no ☐ yes ☐

7. vehicle

Make, type _____

Registration No. (or engine No.) _____

8. insurance company _____

Policy No. _____

Agent (or broker) _____

Green Card No. *(if issued)* _____

Ins Cert. or Green Card } valid until _____

Is damage to the vehicle insured? no ☐ yes ☐

9. driver *(see driving licence)*

Name (capital letters) _____

First name _____

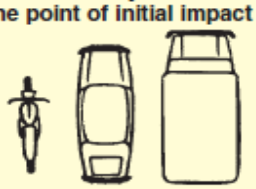
Address _____

Driving licence No. _____

Groups _____ Issued by _____

valid from _____ to _____

10. indicate by an arrow the point of initial impact



11. visible damage

14 remarks

13. plan of the accident

Indicate: 1. the layout of the road - 2. by arrows the direction of the vehicles A, B- 3. their position at the time of impact - 4. the road signs - 5. names of the streets or roads

15. signatures of the drivers

A B

For Insured's accident report see back →

*In the event of injuries or in the event of damage to property other than to the vehicles A and B, give information overleaf.

Do not alter anything in the statement after signature and the separation of the copies for the two drivers.

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MOTOR ACCIDENT REPORT

To be completed by the Insured and sent immediately to his Insurers (Use a separate sheet of paper where necessary)

Insured

1 Occupation (if more than one state all) _____

Insured Vehicle

2 Make/Model/Type	C.C.	If commercial vehicle state carrying capacity and g.p.w.	Date of first registration as new	Registration mark

Please give/confirm instructions on my/our behalf (where appropriate) for the repairs

3 Are you the Owner? Yes ☐ No ☐ If no, state Owner's name and address _____

4 Exact purpose for which vehicle was being used at time of accident _____

5 Is the vehicle still in use? Yes ☐ No ☐ If no, state where it is at present _____ Tel. No. _____

6 Name and address of Finance Company (if any) _____

Driver or Person in charge of Vehicle (if the Insured complete this section as appropriate)

7 Date of Birth	Occupation (if more than one, state all)	Date driving test passed	Was he driving with your permission?		Was he your employee?	
			Yes	No	Yes	No

8 Give details of any impairment of sight or hearing and of any other disability _____

9 Full details of all driving convictions including pending prosecutions

Date	Offence	Penalty

Injured Persons

10 Name(s), Address(es) and approximate Age(s)	Injuries Sustained	If Vehicle Occupants state in which vehicle	Were seat belts being worn?

Damage to Property & Vehicles (other than vehicles 'A' & 'B' overleaf)

11 Owner(s) Name(s) and Address(es)	Details of Vehicle or Property	Nature of Damage	Insurer's Name and Address (if known)

Police Action

12 Was the accident reported to Police Yes ☐ No ☐

If yes, give station and P.C's name and number _____

13 Was warning of prosecution given? Yes ☐ No ☐

If yes against whom? _____

Accident Details

14 Weather Conditions _____

15 Speed of vehicles A ☐ B ☐

16 What warnings were given by driver or other party? _____

17 Were street lights illuminated? Yes ☐ No ☐

18 What lights were displayed on your vehicle/the other vehicle(s)? _____

19 If your vehicle is commercial state weight of load carried at time of accident _____

20 State how accident happened, indicating width of roads, speed limits, etc. _____

Declaration

I/We declare the foregoing particulars are true in every respect

Insured's Signature _____ Date _____

Bundesministerium
für Landesverteidigung und Sport
Att

Sachbearbeiter:
Obst Johann LIEDL
Tel: 050201/1025312
Fax: 050201 10 17 041

GZ S92085/630-Att/2010

Truppenaufenthaltsgesetz 2001;
Transit

Bezug
OF-068/10

VERBALNOTE

Das Bundesministerium für Landesverteidigung und Sport entbietet der Botschaft seine Hochachtung und hat die Ehre mitzuteilen, dass dem Antrag gemäß o.a. Bezug hiermit die

GESTATTUNG

für bis zu 20 Soldaten in bis zu 5 mil. Kfz im Monat Mai 2010 auf der Strecke BRENNER (oder ARNOLDSTEIN) – KUFSTEIN (oder SALZBURG) und retour erteilt wird.

Diese Gestattung ist beim Transit / Aufenthalt **mitzuführen**.

Das Bundesministerium für Landesverteidigung und Sport benützt die Gelegenheit, der Botschaft der Vereinigten Staaten von Amerika den Ausdruck seiner ausgezeichneten Hochachtung zu erneuern.

02.03.2010
Für den Bundesminister:
VORHOFER

Beilage
EStk OF-068/10

Ergeht an:

Botschaft der Vereinigten Staaten von Amerika, dao.vienna@aon.at
SiD T, sidt.behoerde@polizei.gv.at (nachrichtlich)
SiD S, Sids.salzburg@polizei.gv.at (nachrichtlich)
SiD K, sidk.journaldienst@polizei.gv.at (nachrichtlich)

FIG. E-3

FIG. E-3

Embassy of the United States of America
Defense Attaché Office
Vienna, Austria

Overflight & Transit Section

OF-068/10 02. März 2010

Bundesministerium für Landesverteidigung
Attachéabteilung z.H. Oberst Johann Liedl
Rossauer Lände 1
A-1090 Wien
Fax: 5200/17041 oder 17090

Betreff: Durchreiseerlaubnis von Österreich (NOT SFOR/KFOR)

1. **Ansuchen um Durchreise von bis zu 20 Soldaten und Zivilisten (angehörendes ziviles Personal der US Streitkräfte), in bis zu 5 mil. KFZ, durch Österreich,**

von: ITALIEN kommend, **für das Monat Mai 2010,**
nach: DEUTSCHLAND, **und zurück.**

<u>Reiseroute durch Österreich:</u>

(siehe Anhang)

2. Es werden weder Waffen noch Munition in den Fahrzeug(en) befördert.

3. Wir hoffen auf Antwort und baldiger Erledigung zu diesem Ansuchen. Ich möchte mich schon im Voraus bei Ihnen bedanken, und stehe Ihnen natürlich für Einzelheiten dieses Ansuchens jederzeit zur Verfügung. Bei Fragen rufen Sie bitte: 31-339/2369 oder Fax: 31-06-918.

Mit dem Ausdruck meiner vorzüglichen Hochachtung, zeichne ich,

Claus Merwart
USDAO
Vienna, Austria

- 2 Seiten -

cc:
BMA, Fax: 050 11 59/326 oder 226
<48 Std: EZ Land, Fax: 5200/17187

OF - 068/10

STRASSEN UND BAHN TRANSPORTGENEHMIGUNGS FORM ÖSTERREICH/GROUND TRANSIT CLEARANCE WORKSHEET-AUSTRIA

MONTHLY CLEARANCE REQUEST

	DATUM / DATE OF REQUEST:	
	KONTROLL NUMMER / CONTROL NUMBER:	
1.	ANSUCHEN UM DURCHREISE DURCH ÖSTERREICH / PURPOSE OF TRANSITING AUSTRIA: To / from conference or training, requester: Mr. Perazzolo	
2.	ANZAHL DES BEGLEITPERSONALS ODER SOLDATEN / NUMBER OF PERSONNEL:	MILITARY: up to 20 CIVILIAN *employed by U.S. Forces:* up to 20 CIVILIAN *employed by commercial company:*
3.	ZIVIL ODER UNIFORM-BEKLEIDUNG / ☒ CIVILIAN CLOTHES OR ☐ UNIFORM *(pls. mark)*	
4.	AUSGANGSPUNKT / DEPARTURE LOCATION: Deployment: ITALY Redeployment: GERMANY	
5.	GRENZ-EINREISEORT / AUSTRIAN BORDER ENTRY: Kufstein or Salzburg	Brenner or Villach, on return
6.	VORAUSSICHTLICHE EINREISE DATUM UND ZEIT / ESTIMATED ENTRY DATE & TIME:	YEAR 2010
7.	STRECKE DURCH ÖSTERREICH / ROUTE THROUGH AUSTRIA:	E-45 / A-12 or E-55 / A-10
8.	GRENZ-AUSREISEORT / AUSTRIAN BORDER EXIT: Brenner or Villach	Kufstein or Salzburg, on return
9.	VORAUSSICHTLICHE AUSREISE DATUM UND ZEIT / ESTIMATED DEPARTURE DATE & TIME:	YEAR 2010
10.	ZIELORT / DESTINATION: Deployment: GERMANY Redeployment: ITALY	
11.	FAHRZEUGE-WAGONS / VEHICLES-RAILCARS *(give number of vehicles by type, i.e. truck, bus, sedan,van, and if trailer is attached)*	MILITARY *(owned and registered by U.S. Forces)*: up to 5 mil. vehicles COMMERCIAL CARRIER: TRAILER:
12.	SONDERTRANSPORTE / OVERSIZED TRANSIT *(give type of truck/trailer, length, width, height in meters)*	TRUCK type: , L: , W: , H: TRAILER type: , L: , W: , H: TOTAL DIMENSIONS: L: , W: , H: TOTAL WEIGHT *in kilograms:*
13.	BELADUNG / CARGO *(specify weapons, ammunition, tracked and/or armored vehicles – including UN numbers)*:	
14.	REQUEST FOR HOST NATION SUPPORT ☒ NO ☐ YES *(pls. specify requirements)*	
15.	BEMERKUNG / REMARKS:	

For all movements with weapons and ammunition submit NATO Travel Orders and RUF!
More information is available on www.fco.pentagon.mil – also limits for oversized transports.
ZU SENDEN AN / SEND TO: DAO, Vienna, AUSTRIA, email: dao.vienna@aon.at
Fax: +43-1-31-06-918, Tel.: +43-1-31-339, ext. 2369, 2331 or 2192.

ANNEX F

Reimbursable/non-Reimbursable Expenses.

1. 405th AFSB, LRC established a monthly kilometer utilization standard for non-tactical vehicles (NTV).

2. Reimbursable customers are those units/activities which must provide funds to LRC Vicenza, D Account for usage of TMP NTVs (Non BASOPS Units).

3. Reimbursable customers will be assessed the kilometer rate over the established utilization standard for recurring dispatch NTVs, the kilometer rate for use of general dispatch vehicles, and kilometer rate plus daily rate of general dispatch vehicles used for TDY.

4. Monthly kilometer utilization standards for the most frequently dispatched NTVs are:

a. Passenger vans and sedans: 1.200 km

b. Cargo vans and pickup trucks: 600 km

ANNEX G

Instructions and Use of Assigned Vehicle WEX Fuel Card.

1. WEX Fuel Cards, are a controlled item and must be used only for the vehicle to which the card is assigned. If a fuel card becomes inoperable, the card must be turned into the TMP so that a new card can be obtained. For Fuel Cards that are lost, unit/activity must provide the TMP a Military Police report describing the circumstances surrounding the loss of the card in order to obtain a replacement.

2. If fuel coupons are needed while awaiting replacement card, contact the IPBO Office and follow the instructions in paragraph 10 of this SOP.

ANNEX H

IFMS Vehicle Recovery Outside Italy.

See attached document.

EURO-IFMS
Interagency Fleet Management System
Regional Office

EURO IFMS Roadside Recovery

EURO IFMS BULLETIN FPMR G-207b

AVIATION, TRANSPORTATION, AND MOTOR VEHICLES

TO: Heads of Federal Agencies

SUBJECT: EURO IFMS fleet vehicle roadside recovery bulletin

1. Purpose. **This bulletin provides a listing of EURO IFMS roadside recovery vendors.**

2. Applicability. **This bulletin applies to EURO IFMS Fleet vehicles operated in Europe.**

3. Effective date. **This bulletin is effective 14 March 2014.**

4. Expiration date. **Valid until superseded.**

5. Emergency Repair or Towing. For an after-hours emergency, the vehicle operator may authorize a repair or towing up to the amount of 500 Euros. The agency must notify the Fleet Management Center and the Accident Management Center (DSN 420-6145 or civilian 0711-819-6145) or the Maintenance Control Center (DSN 420-61442 or civilian 0711-819-6144/2) the next business day to report the repair or tow. In Belgium or Holland, the contact number is DSN 361-6085 or civilian 0682-76085 and in Italy it is DSN 633-8276 or civilian 050-548276.

6. For more information on roadside recovery or the EURO IFMS Fleet program, please contact your servicing Fleet Service Representative.

WAPELHORST.JAMES.JOHN.1030529231

Digitally signed by WAPELHORST.JAMES.JOHN.1030529231
DN: c=US, o=U.S. Government, ou=DoD, ou=PKI, ou=OSD, cn=WAPELHORST.JAMES.JOHN.1030529231
Date: 2014.03.17 11:03:17 +01'00'

JAMES J. WAPELHORST
EURO IFMS Manager

Attachment:
IFMS Roadside Recovery List

FIG. H-1

Location	Vendor Name	Vehicle Type	Phone Number	Time
Germany				
Amberg	Abschleppdienst Wittman	All	0800-6135555	24 hours
Amberg	Autohaus Kuszmann	Sedans, Vans, Light Trucks	09621 49020	24 hours
Ansbach	Meyer	Sedans, Light Trucks	0981-4661900	24 hours
Ansbach	Kfz.-Krause	Sedans, Vans, Light Trucks	0981-5565	24 hours
Ansbach-Elpersdorf	Autohaus Oppel	Heavy Trucks	0981-4651157	0730 - 1700
Bad Aibling	Abschleppdienst Sarnow	Vehicles under 7.0 ton	08061-4074	0800 - 1700
Bad Kreuznach, Baumholder	Eibeck	All	0671-481890	24 hours
Bamberg	Gutkowski & Pfaender	Sedans, Vans, Light Trucks	0951-131333	24 hours
Bamberg	Auto Galerie Badum	All	0951-966200	24 hours
Baumholder	Schäfer ATS	Sedans, Vans, Light Trucks	0170-9914669	24 hours
Baumholder	Westrich Reisen	All	06783-995013	0730 - 1630
Binsfeld (Bitburg)	Krüschel	Light Vehicles	06575-638	24 hours
Darmstadt	Abschleppdienst Schäfer	All	06155-83650	24 hours
Garmisch	Auto Teile Service	All	08824-92220	24 hours
Giessen	Kran Burgard	All	06033-96930	24 hours
Grafenwöhr	Adam Johann	All	09602-5884	24 hours
Grafenwöhr	Auto Witt	All	09641-2204	24 hours
Grafenwöhr	Meiler Abschleppdienst	Heavy Trucks & Buses	09602-93930	24 hours
Hanau	Abschleppdienst Kohl	All	06181-15759	24 hours
Heidelberg, Mannheim	Buddensiek	Sedans, Vans, Light Trucks	06221-26131	24 hours
Hohenfels	Autohaus Feldmeier	Sedans, Vans, Light Trucks	09472-252	0800 – 1700
Hohenfels	Autohaus Segerer	Sedans, Vans, Light Trucks	09474-8124 0170-3315118	24 hours
Hohenfels	Tom Thompson	All	0172-8333220	24 hours
Kaiserslautern, Miesau, Pirmasens	Abschleppdienst Seifert	Sedans, Vans, Light Trucks	06372-993370 0179-6906101	24 hours
Kaiserslautern, Miesau, Pirmasens	Locher	All	06305-6448	24 hours
Mannheim, Heidelberg	Krajcovic	All	0172-6290335	24 hours
Munich	Eichenseher	All	08935-14959	24 hours
Neumarkt	Auto Switalla	Sedans, Vans, Light Trucks	0170-3475951	24 hours
Regensburg	Pramschueffer	All	0941-44455	24 hours
Schweinfurt	Bestaendig	Light Trucks, Heavy Trucks	0171-7722224	24 hours
Schweinfurt	Hans Gleichmann	Sedans, Vans, Light Trucks	09721-86480	24 hours
Stuttgart	Abschleppservice Schneider	All	0711-975830	24 hours
Ulm	Maucher Abschleppdienst	All	0731-385544	24 hours

Location	Vendor Name	Vehicle Type	Phone Number	Time
Germany (continued)				
Weiden	Autovermietung Carl Ach	Sedans, Vans, Light Trucks	0961-670900	24 hours
Weiden	Haeusler	All	09607-1431	24 hours
Wiesbaden, Mainz	Auto Hollmann	Sedans, Vans, Light Trucks	06134-3381 0171-6538059	24 hours
Wiesbaden, Mainz	Auto Riegel	Sedans, Vans, Light Trucks	06134-4833	24 hours
Wiesbaden, Mainz	Hildenbrandt	All	06142-68071	24 hours
Würzburg	Würzburger Kranverleih & Bergungsdienst	All	0931-278880	24 hours
Belgium & Netherlands				
Belgium - BENELUX	Groupe Dutrannois	All up to 5.5 tons	065-770089	24 hours
Belgium - CHIEVRES – SHAPE area ONLY	Chievres Maintenance Div.	Sedan and mini Van	068-27 54 54	0830 – 1700
Belgium - East	Verviers Depannage	Sedans, Vans, Light Trucks	087-474054	24 hours
Belgium, Netherlands	Jos De Cooman	All	02-2165718	24 hours
Netherlands	LOGICX DIRECKS (Maastricht)	All	043-3257585	24 hours
Netherlands	LOGICX DIRECKS (Bocholtz)	All	043-6014500	24 hours
Italy				
Italy-wide	ACI Global	All	800-190783	24 hours
Austria				
Brenner Pass only	Auto Teile Service	All	0049-8824-92220	24 hours
Austria/Switzerland only	ACI Global	All	0039-02-66165961	24 hours

WARRANTY (2 years/unlimited mileage— European Vehicles Only

	Phone Number	24 hours
FORD		
BELGIUM	0049-89-76 76 49 64	Yes
GERMANY	0800 367 33 87	Yes
ITALY	800 079 337	
LUXEMBURG	253 636 305	Yes
NETHERLANDS	0800 99 11 20	Yes
SPAIN	096 1789000	Yes
IVECO		
BELGIUM	0800-19737	Yes
GERMANY	00800-48326000	Yes
ITALY	00800-48326000	Yes
LUXEMBURG	0800-2351	Yes
NETHERLANDS	0800-0226072	Yes
SPAIN	00800-48326000	Yes
OPEL		
GERMANY	0800 673 52 77	Yes
ITALY	800 836063	Yes
SPAIN	0900 142 142	Yes
INTERNATIONAL	0049-89-76 76 49 63	Yes