



**HEALTH SCIENCE CENTER**  
TEXAS A & M UNIVERSITY

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**VEHICLE INFORMATION PACKET CONTENTS:**

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*AG Financial Responsibility Letter*



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***PLEASE KEEP THIS PACKET IN ALL HEALTH SCIENCE CENTER VEHICLES***

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**HSC RISK MANAGEMENT**  
**[HSC-Risk-Insurance@tamhsc.edu](mailto:HSC-Risk-Insurance@tamhsc.edu)**  
**(979) 436-9250**

## Auto Accident Reporting Procedures

The procedures below should be followed whenever an HSC vehicle (any ridden or driven equipment) is involved in an accident, regardless of the extent of damage:

- Stop immediately taking the steps necessary to prevent another accident (IE move off of the road, put on emergency flashers, etc.).
- Notify the proper law enforcement agency so that an official report can document the accident.
- Call emergency medical services (911) if necessary. Render aid to the injured until help arrives.
- DO NOT make any statement, oral or written, as to WHO was at fault. Any admission of fault may impair the insurer's ability to defend a case of questionable liability. Appropriate legal authority will decide fault or liability. The driver's signature is required if a traffic citation is issued, but the signature does not constitute an admission of guilt. The signature on the citation only indicates that the driver has read and understood the charge against them.
- Record the names and addresses of all witnesses.
- Provide all required information to the law enforcement officer.
- While at the scene of an accident, obtain the information needed to complete the Motor Vehicle Accident Report (System Form 9). The police officer should assist in providing the necessary information. Do not leave blank spaces. The form must be emailed to HSC Risk Management at [HSC-Risk-Insurance@tamhsc.edu](mailto:HSC-Risk-Insurance@tamhsc.edu) and your department's Vehicle Site Coordinator within 24 hours of the accident.
- If a vehicle is inoperable, the driver should contact the Vehicle Coordinator for towing instructions. When towing a vehicle, remove the logbooks, keys, fuel cards and all property that might be lost or stolen.
- If the accident is within Texas and involves the injury or death of any person or damage of property exceeding \$1,000, a Driver's Crash Report Form (Form CR-2) should be completed and given to your vehicle coordinator within 24 hours if not investigated by law enforcement.



## What to do in Case of an Accident

The procedures below should be followed whenever an HSC vehicle (any ridden or driven equipment) is involved in an accident, regardless of the extent of damage:

- Check for injuries. If anyone is injured, call emergency medical services (911) if necessary. Render aid to the injured until help arrives.
  - If there are no injuries, and you are blocking traffic, and your vehicle can be driven, move the vehicle to a safe location nearby. (If the accident occurs on a freeway lane, ramp, shoulder, median, or busy metropolitan street, you *must* move your vehicle if it is safe and possible to do so.)
- If you cannot move your vehicle, try to warn oncoming traffic to prevent other accidents:
    - Raise your hood
    - Turn on your hazard lights.
    - Light Flares
  - Notify the proper law enforcement agency in the following circumstances so that an official report can document the accident.
    - Someone is injured.
    - Vehicle cannot be moved.
    - A driver is intoxicated.
    - A driver has no insurance.
    - A driver leaves the scene (Hit and Run accident).
  - **DO NOT** make any statement, oral or written, as to WHO was at fault. Any admission of fault may impair the insurer's ability to defend a case of questionable liability. Appropriate legal authority will decide fault or liability. The driver's signature is required if a traffic citation is issued, but the signature does not constitute an admission of guilt. The signature on the citation only indicates that the driver has read and understood the charge against them.
  - Record the names and addresses of all witnesses.
- Provide all required information to the law enforcement officer.
  - Exchange the following information with other driver involved in the accident. While at the scene of an accident, obtain the information needed to complete the Motor Vehicle Accident Report (MVAR). The police officer should assist in providing the necessary information. Do not leave blank spaces.
  - Contact HSC Risk Management by phone call within 24 hours at (979) 255-8240. The MVAR form must be submitted electronically to HSC Risk Management within 24 hours of the accident to:
    - [HSC-Risk-Insurance@tamhsc.edu](mailto:HSC-Risk-Insurance@tamhsc.edu)
  - If a vehicle is inoperable, the driver should contact the Vehicle Coordinator for towing instructions. When towing a vehicle, remove the logbooks, keys, fuel cards and all property that might be lost or stolen.
  - If the accident is within Texas and involves the injury or death of any person or damage of property exceeding \$1,000, a Driver's Crash Report Form (Form CR-2) should be completed within 24 hours if not investigated by law enforcement.

## Reporting an Accident

Immediately report the accident to your department's vehicle coordinator or supervisor.

Contact HSC Risk Management at (979) 436-9250 for assistance as needed.

In making your report:

1. Report on the extent of personal injuries to your HR Liaison and/or others.
2. Provide information on the location of injured (name, address, and phone number of hospital).
3. Give the extent of damage to vehicle.
4. If the HSC vehicle is inoperable, state location of vehicle and property.
5. Communicate your intentions to continue or return to headquarters.

Complete and submit all required written reports directly to HSC Risk Management within 24 hours of the accident. The reports will be reviewed and forwarded to System Risk Management for further handling.

These forms can be found in all vehicle insurance packets or HSC Risk Management website at .

When an HSC employee is injured, the Workers Compensation Insurance 1<sup>st</sup> Report of Injury must be completed.

If you have any questions, please contact HSC Risk Management at (979) 436-9250 or [hsc-risk-insurance@tamhsc.edu](mailto:hsc-risk-insurance@tamhsc.edu).

**REMEMBER: ALL FORM,  
DOCUMENTATION,  
AND REPORTS SHOULD BE  
SUBMITTED WITHIN 24 HOURS OF  
AN ACCIDENT.**

**PLEASE  
DRIVE SAFELY!**



**VEHICLE ACCIDENT  
REPORTING**

**OCTOBER 2013**

## HEALTH SCIENCE CENTER VEHICLE SAFETY

### Introduction

Motor vehicle accidents are the leading cause of death and crippling injury in the United States. Traffic safety laws are important components of vehicle safety, but the most important aspect of vehicle safety is the driver.

*IMPORTANT: All TAMHSC employees who operate a motor vehicle for company business (whether a company vehicle, rental vehicle, or personal vehicle) must possess a valid state driver's license for their vehicle's class.*

To ensure driving safety, follow these driving practices:

- Never drink and drive. Driving while under the influence of alcohol or drugs is strictly prohibited.
- Obey all traffic laws, signs, and signals.
- Respond to dangerous driving conditions as appropriate.
- Maintain a safe distance between your car and any car in front of you. Allow at least one car length for each 10 MPH (e.g., three car lengths if you are driving 30 MPH).
- Keep your eyes moving to avoid fatigue, especially if you plan on driving for a long period.
- Always use your turn signal to indicate your intended action.
- Leave yourself an "out" by either driving in the lane with a shoulder, driving in the middle lane of a multi-lane road, or following other vehicles at a safe distance.

### Defensive Driving

By taking defensive driving courses, employees can promote driving safety and lower their insurance rates. The principles of defensive driving include the following:

- **Knowledge:** Know your vehicle and know the law.
- **Control:** Always maintain control of your vehicle. To improve your control, perform routine vehicle maintenance and respond to road conditions as appropriate.
- **Attitude:** Be willing to obey all laws and be willing to yield to all other vehicles and pedestrians.
- **Reaction:** Respond to driving conditions appropriately. Do not impede your reaction time by driving when tired or under the influence of alcohol or drugs.
- **Observation:** Be aware of potential accidents and take preventive measures. Always try to anticipate the actions of other drivers.

- **Common Sense:** Do not risk your safety to save time. Do not respond to rude or obnoxious drivers by violating traffic laws.

### **Backing Vehicles**

Backing a large vehicle can be very difficult. Try to avoid backing whenever possible. If you must back a vehicle, follow these guidelines:

- Get out of the vehicle and inspect the area you want to back into.
- If possible, have someone outside help guide your vehicle into position.
- If your vehicle does not automatically sound a horn when in reverse, sound the horn once before moving backwards.
- Back slowly and check your mirrors often.

### **Automobile Accidents**

If you are ever involved in a vehicle accident, follow these guidelines.

1. Check for injuries. If anyone is injured, immediately call the police and Emergency Medical Services (EMS) (911 or 9-911 from a HSC telephone).
2. If there are no injuries, you are blocking traffic, and your car can be driven, move the car to a safe location nearby. (If the accident occurs on a freeway lane, ramp, shoulder, median, or busy metropolitan street, you must move your car if it is safe and possible to do so.)
3. If you cannot move your car, try to warn oncoming traffic to prevent other accidents:
  - Raise your hood.
  - Turn on your hazard lights
  - Light flares.
4. Exchange the following information with other drivers involved in the accident:
  - Name, address, and phone number
  - Vehicle identification number, license number, and description
  - Insurance information
  - Driver's license number

Call the police in the following circumstances:

- Someone is injured.
- A car cannot be moved.
- A driver is intoxicated.
- A driver has no insurance.
- A driver leaves the scene of the accident without exchanging information.

### **Alternative Fueled Vehicles**

Although liquid hydrocarbon fuels, such as gasoline, are efficient and easy to handle, they are a finite energy source and a cause of various pollution problems. Alternative fuels, however, such as compressed natural gas and propane, are widely available and offer few emission problems.

*NOTE Alternative fueled vehicles must be refueled by trained personnel. Employees should not refuel their alternative fueled vehicles themselves.*

*IMPORTANT: Any vehicle greater than 20hp must maintain a 2 1/2 pound, portable, class A-B-C fire extinguisher.*

### **Compressed Natural Gas**

Compressed natural gas (CNG) is a plentiful domestic fuel that is very affordable. Seventy cents of natural gas possesses the same amount of energy as one dollar of gasoline. CNG also produces low tailpipe emissions, no evaporative emissions, and low refining energy. Unfortunately, however, CNG requires bulky gas cylinders and higher cost vehicles. CNG vehicles must be tested and inspected annually for corrosion, pressure, and possible gas leaks.

#### **Propane**

Propane is a by-product of gasoline, but it can also be extracted from natural gas. Propane offers slow evaporative emissions and virtually complete combustion.

When filling propane tanks, operators should allow at least 10% free space for gas expansion. Safety valves should also discharge to the atmosphere and not to enclosed spaces.

### **Railroad Crossings**

Compared with other types of collisions, train/motor vehicle crashes are 11 times more likely to result in a fatal injury. On the average, there are more train-car fatalities each year than airplane crashes. Unfortunately, driver error is the principal cause of most grade crossing

accidents. Many drivers ignore the familiar tracks they cross each day, and some drivers disregard train warning signals and gates.

All public highway-rail grade crossings are marked with one or more of the following warning devices:

- **Advance Warning Signs:** Advance warning signs indicate that a railroad crossing is ahead. These signs are positioned to allow enough room to stop before the train tracks.
- **Pavement Markings:** Pavement markings may be painted on the pavement in front of a crossing. Always stay behind the stop line when waiting for a passing train.
- **Crossbuck Signs:** Railroad crossbuck signs are found at most public crossings. Treat these signs as a yield sign. If there is more than one track, a sign below the crossbuck will indicate the number of tracks at the crossings.
- **Flashing Lights and Gates:** Flashing lights are commonly used with crossbucks and gates. Stop when the lights begin to flash and the gate starts to lower across your lane. Do not attempt to cross the tracks until the gate is raised and the lights stop flashing.

*IMPORTANT: You must stop at least 15 feet from a train track when: (1) warning lights flash; (2) a crossing gate or flag person signals an approaching train; (3) a train is within 1500 feet of the crossing; or (4) an approaching train is plainly visible and in hazardous proximity.*

Follow these guidelines when you encounter a railroad crossing:

- Always expect a train.
- When approaching a crossing, LOOK, LISTEN, and LIVE.
- Be sure all tracks are clear before you proceed. Remember, due to their large size, it is easy to misjudge the speed and distance of an oncoming train. If you have any doubts, stop and wait for the train to pass.
- Watch for vehicles, such as school buses, that must stop before train tracks.
- Never race a train to a crossing.
- Always stop for flashing lights, bells, and gates. Never drive around a gate. (State law requires pedestrians to stop when a railroad crossing gate is down.)
- Do not allow yourself to be boxed in on a track with cars in front and behind you.
- Never stop on train tracks. If your car stalls on train tracks, call 911 immediately. If a train approaches, abandon the car and run away from the tracks.
- When driving at night, look low to the ground for moving trains. (One third of all train-car collisions occur at night when cars run into moving trains.)
- Watch out for a second oncoming train after the first train has passed.





# The Texas A&M University System Vehicle Driver Guidelines

As a state entity, The Texas A&M University System has an obligation and responsibility to ensure employees using automobiles for state business are appropriately licensed and safe drivers. All employees who drive vehicles on state business, from those who operate vehicles daily to those who rarely or never drive a vehicle, also share in this responsibility.

Under System Regulation 33.99.14, every employee is responsible for notifying their supervisor of any criminal arrests, criminal charges or criminal convictions. This includes the driving related offenses such as the following:

- Driving under the influence
- Negligent homicide arising out of the use of a motor vehicle
- Aggravated assault with a motor vehicle
- Operating a motor vehicle during a period of suspension or revocation of an operator's license
- Using a motor vehicle for the commission of a felony
- Operating a motor vehicle without the owner's authorization
- Permitting an unlicensed person to drive
- Reckless driving
- Speeding contest
- Hit and run (bodily injury and physical damage) driving

If an employee is arrested, charged or convicted regarding any of these offenses, Regulation 33.99.14, requires the employee to notify their direct supervisor and a review of the offense be completed and resultant disciplinary actions taken if warranted. Failure to report one of these instances to a direct supervisor can be grounds for termination.

In addition, if as part of a person's employment, an employee is required to drive on System business, employees are expected to notify their direct supervisor in any instance when their driver's license is suspended or revoked. Employers may elect to periodically verify employees are still authorized to operate a motor vehicle by verifying the individual is still a licensed driver.



# MOTOR VEHICLE ACCIDENT REPORT

Liability Only  Physical Damage  Non-Owned

Submit to: [HSC-risk-insurance@tamhsc.edu](mailto:HSC-risk-insurance@tamhsc.edu)

**HSC Risk Management**  
Texas A&M Health Science Center  
200 Technology Way, Suite 2079  
College Station, Texas 77845-3424  
Phone Number: (979) 436-9250

**DATE** Date Of Accident \_\_\_\_\_ Day of Week \_\_\_\_\_ Hour \_\_\_\_\_ AM  PM

**LOCATION OF ACCIDENT** Highway/Street/Road on which Accident Occurred \_\_\_\_\_ Under Construction Yes  No

County \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_

AT ITS INTERSECTION WITH \_\_\_\_\_

IF NOT INTERSECTION \_\_\_\_\_ FEET     OF \_\_\_\_\_  
N S E W

Show intersecting street or highway, house no., bridge, RR crossing, alley, driveway, culvert, milepost, underpass, or other landmark.

**SYSTEM VEHICLE** Year Model \_\_\_\_\_ Type & Make Vehicle \_\_\_\_\_ Vehicle License No. \_\_\_\_\_

V.I.N.: \_\_\_\_\_ Unit Number \_\_\_\_\_ Seat Belts In Use Yes  No

System Member \_\_\_\_\_ Part Number \_\_\_\_\_ Department \_\_\_\_\_

Driver \_\_\_\_\_ Address \_\_\_\_\_

Towing Trailer Yes  No  Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Description of Trailer \_\_\_\_\_ Owner \_\_\_\_\_

Driver's Occupation \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Driving Experience (yrs) \_\_\_\_\_ Approximate Damage \_\_\_\_\_

Date of Birth \_\_\_\_\_ Speed You Were traveling \_\_\_\_\_ mph Type of License  Class A  Class B  Class C  Com. Op

**OTHER VEHICLE** Year Model \_\_\_\_\_ Type & Make Vehicle \_\_\_\_\_ Vehicle License No. \_\_\_\_\_

Driver \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Include City and State)

Owner \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Include City and State)

Driver's Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Agent \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**PROPERTY DAMAGE** Describe Property \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Describe Damage \_\_\_\_\_ Estimate Damage \_\_\_\_\_

INJURED	Name & Address	Phone	PED	SYS Veh	Other Veh	Age	EXTENT OF INJURY
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____





# Instructions for DRIVER'S CRASH REPORT

**PLEASE READ**  
**INSTRUCTIONS**  
**CAREFULLY**

(Actual form begins on following page.)

When completed, mail this form to:  
**Texas Department of Transportation**  
**Crash Records**  
**PO BOX 149349**  
**AUSTIN TX 78714**

**NOTE:** If you are filling out this form electronically, you may delete this entire instruction page (including the page break at the bottom) before printing or submitting the form.

**Questions? Call: 512/486-5780**

The driver of a motor vehicle involved in a crash not investigated by a law enforcement officer and resulting in injury to or death of any person, or damage to the property of any one person, including himself, to any apparent extent of at least one thousand dollars (\$1,000), must within 10 days after such crash complete and forward this report in accordance with the instructions below.

**Who Should Complete a CR\_2?** The CR\_2 must be completed and signed by the driver of the vehicle involved in the crash. If the driver is unable to complete the report, another person may submit the report on behalf of the driver, with an explanation as to why the driver was unable to complete the form.

Section of Form	Instructions
<b>LOCATION</b>	Complete all data fields to the best of your knowledge; however, fields marked with an asterisk (*) are <b>required data fields</b> and should include sufficient information for TxDOT to process the report. This information is an important element in locating reports and maintaining an accurate filing system. <b>*County or City</b> in the LOCATION portion is required; if this information is not provided, the report will be returned to you.
<b>DATE</b>	<b>*Date of Crash</b> is a <b>required data field</b> and must include the specific month, day, and year the crash occurred. Please provide the time of the crash if known. Only provide one date; if the exact date is unknown, provide the date that the damage was discovered. If the date of the crash is not provided, the report will be returned to you.
<b>VEHICLES</b>	In the portion titled <b>#1 Your Vehicle</b> , the name of the <b>*Driver</b> involved in the crash is a <b>required data field</b> . All remaining information should be completed to the best of your knowledge. In the portion titled <b>#2 Other Vehicle</b> , please specify if the crash involved another motor vehicle, a train, a pedestrian, etc. and provide the name of the other involved party on the line labeled <b>Driver</b> . Please complete the remaining information to the best of your knowledge.
<b>DAMAGE TO PROPERTY</b>	If the crash involved <b>damage to property other than vehicles</b> , please provide all available information (description of property, location, owner, etc.).
<b>INJURIES</b>	In the portion titled <b>#1 Injured Person</b> , select the position of the occupant in your vehicle that was injured as a result of the crash and complete all data fields on that person. In the portion titled <b>#2 Injured Person</b> , select the position of the other person involved in the crash that was injured and complete all data fields to the best of your knowledge. If known, please indicate if the injured person wore a seatbelt.
<b>DRIVER'S STATEMENT</b>	<b>State Briefly What Happened.</b> In this section please provide a narrative description of the facts regarding this crash. If space is insufficient, attach a <b>full size</b> sheet of paper for continuation. <b>Please do not send photographs!</b> Photographs cannot be returned.
<b>SIGNATURE</b>	Please review the report to insure accuracy and completeness, as this will expedite the processing of the report and avoid having the report returned for insufficient information. Once you are satisfied with the completeness of the report, sign in black or blue ink and mail to the address at the top of this instruction page.



(Please read instructions on reverse side)
DRIVER'S CRASH REPORT

\* Indicates Required Field

Questions? Call: 512/486-5780

LOCATION
Place Where Crash Occurred
\* County:
\* City or Town:
If crash was outside city limits, indicate distance from nearest town
Road on which crash occurred
Complete one:
• Intersecting street
• Not at intersection

DATE
\* Date of Crash
Day of Week
Hour
a.m. / p.m.
If exactly noon or midnight, so state.

VEHICLES
#1 - Your Vehicle
Year, Make/Model, Type of Vehicle, License Plate
\* Driver
Last, First, M.I., Mail Address, City & State, Zip
Date of Birth, Sex, Race
Owner
Last, First, M.I., Mail Address, City & State, Zip
Insurance Information
Insurance Company Name, Address, City, State, Zip, Policy Number
#2 - Other Vehicle
Motor Vehicle, Train, Pedestrian, Bicyclist, Other
Year, Make/Model, Type of Vehicle, License Plate
Driver
Last, First, M.I., Mail Address, City & State, Zip
Owner
Last, First, M.I., Mail Address, City & State, Zip
Insurance Information
Insurance Company Name, Address, City, State, Zip, Policy Number

Damage to Property other than vehicles
Name object, show ownership, and state nature of damage.
Approx. cost to repair \$

INJURIES
#1 Injured Person
Driver, Passenger, Pedestrian, Other
Name, Address
Age, Sex, Race, Was Person Killed?, Date of Death
Describe Injury
Seat Belt Used/Not Used
#2 Injured Person
Driver, Passenger, Pedestrian, Other
Name, Address
Age, Sex, Race, Was Person Killed?, Date of Death
Describe Injury
Seat Belt Used/Not Used

State Briefly What Happened.
(If space is insufficient, continue on another page.)
Please do not send photographs.
\* Driver's Signature
Date of Report



## THE TEXAS A&M UNIVERSITY SYSTEM

System Risk Management

TO WHOM IT MAY CONCERN:

Subject: The Texas A&M University System Auto Plan  
October 1, 2014 to October 1, 2015  
VIN:

This memo has applicability to the following universities and agencies of The Texas A&M University System:

### Universities

Texas A&M University  
Tarleton State University  
Prairie View A&M University  
Texas A&M University-Galveston  
Texas A&M University-Corpus Christi  
Texas A&M International University  
Texas A&M University-Kingsville  
West Texas A&M University  
Texas A&M University-Commerce  
Texas A&M University-Texarkana  
Texas A&M Health Science Center  
Texas A&M University-Central Texas  
Texas A&M University-San Antonio

### Agencies

Texas A&M AgriLife Research  
Texas A&M AgriLife Extension Service  
Texas A&M Engineering Experiment Station  
Texas A&M Engineering Extension Service  
Texas A&M Forest Service  
Texas A&M Transportation Institute  
Texas A&M Veterinary Medical Diagnostic Laboratory

The Texas A&M University System  
Office of Sponsored Research Services

State-owned vehicles of the above mentioned universities and agencies of The Texas A&M University System are exempt from compulsory liability insurance requirements of the State of Texas. This exemption appears in The Texas Transportation Code: Subtitle D Motor Vehicle Safety Responsibility; Chapter 601 Motor Vehicle Safety Responsibility Act; Subchapter A General Provisions; Section 007 Applicability of Chapter to Government Vehicle. As such, auto liability coverage is provided under The Texas A&M University System Auto Liability Plan with the following limits of \$250,000/\$500,000/\$100,000.

Website link (copy and paste if link doesn't work):

<http://www.statutes.legis.state.tx.us/Docs/TN/htm/TN.601.htm#601.007>

Sincerely,

Henry Judah, CPCU CLU ChFC  
Associate Director  
The Texas A&M University System  
979-458-6330 or [rms-insurance@tamus.edu](mailto:rms-insurance@tamus.edu)



ATTORNEY GENERAL OF TEXAS  
GREG ABBOTT

February 3, 2012

Henry D. Judah, CPCU CLU ChFC  
System Risk Manager  
The Texas A&M University System  
301 Tarrow Street, 5th Floor  
College Station, TX 77840-7896

Re: Financial Responsibility for State Vehicles

Dear Mr. Judah:

State-owned vehicles are exempt from Texas financial responsibility requirements pursuant to the Texas Transportation Code §601.007, which states:

Sec. 601.007. APPLICABILITY OF CHAPTER TO GOVERNMENT VEHICLES.

- (a) This chapter does not apply to a government vehicle.
- (b) The provisions of this chapter, other than Section 601.004, do not apply to an officer, agent, or employee of the United States, this state, or a political subdivision of this state while operating a government vehicle in the course of that person's employment.
- (c) The provisions of this chapter, other than Sections 601.004 and 601.054, do not apply to a motor vehicle that is subject to Chapter 643.
- (d) In this section, "government vehicle" means a motor vehicle owned by the United States, this state, or a political subdivision of this state.

A state employee driving a state vehicle in the course of state employment should not be subject to receiving a citation under Texas Transportation Code Sec. 601.191 for failure to carry evidence of financial responsibility. I am available to answer any questions related to this matter.

Sincerely,

Laura L. Messina  
Assistant Attorney General  
Chief, Claims Section  
Tort Litigation Division  
(512) 463-2197  
(512) 463-2224 (Fax)

SUBTITLE D. MOTOR VEHICLE SAFETY RESPONSIBILITY

CHAPTER 601. MOTOR VEHICLE SAFETY RESPONSIBILITY ACT

SUBCHAPTER A. GENERAL PROVISIONS

**§ 601.007. Applicability of Chapter to Government Vehicles**

(a) This chapter does not apply to a government vehicle.

(b) The provisions of this chapter, other than Section 601.004, do not apply to an officer, agent, or employee of the United States, this state, or a political subdivision of this state while operating a government vehicle in the course of that person's employment.

(c) The provisions of this chapter, other than Sections 601.004 and 601.054, do not apply to a motor vehicle that is subject to Chapter 643.

(d) In this section, "government vehicle" means a motor vehicle owned by the United States, this state, or a political subdivision of this state.

Acts 1995, 74th Leg., ch. 165, § 1, eff. Sept. 1, 1995. Amended by Acts 1997, 75th Leg., ch. 165, § 30.126(a), eff. Sept. 1, 1997.