

# EMERGENCY MOSQUITO SURVEILLANCE TRAILER USE PROTOCOLS



# Emergency Mosquito Surveillance Trailer Use Protocols

July 2019

**Purpose:** The Georgia Department of Public Health, using funds provided through a cooperative agreement with the Centers for Disease Control and Prevention, has purchased eleven (11) trailers and equipment to support surveillance and emergency control of vector and nuisance mosquito species. These protocols provide guidance for the use of the DPH mosquito surveillance trailers during any emergency or disaster, whether arising from natural disaster, technological hazard, man-made disaster, civil emergency aspects of resources shortages, community disorders, insurgency, or enemy attack, where mosquitoes constitute a public health problem either by virtue of disease transmission or by nuisance factor. These protocols shall also provide for use of the trailers in emergency-related exercises, testing, or other training activities using equipment and personnel simulating performance of any aspect of the giving and receiving of aid by Agency States or subdivisions of Agency States during emergencies, such actions occurring outside actual declared emergency periods.

**Background:** Georgia is vulnerable to hurricanes, tornadoes, flooding, and other natural and man-made disasters that can and have caused severe disruption of essential human services and severe property damage to public roads, utilities, buildings, parks, and other facilities. Mosquito populations following water-related disasters can increase to a level that they become a public health risk making the restoration of vital services to the citizens of the affected area both dangerous and difficult. Additionally, several mosquito-borne viruses circulate in Georgia each year and are capable of causing disease in humans and other animals. The most common mosquito-borne viruses in Georgia include West Nile virus, Eastern Equine encephalitis virus, and LaCrosse virus. Saint Louis encephalitis virus has also been detected in Georgia recently. The risk of infection with one of these mosquito-borne viruses could increase after a natural or man-made disaster.

## DEFINITIONS:

- A. **"AUTHORIZED REPRESENTATIVE"** means an employee of a participating political subdivision or agency authorized by that group to request use of the trailers under the terms of this protocol and to broker resources and personnel or the employee of DPH who will deal with said requests.
- B. **"DISASTER"** means any natural, technological, or civil emergency that causes damage of sufficient severity and magnitude to result in a proclamation of a local emergency by a city/county, a declaration of a state of emergency by the governor, or a disaster declaration by the President of the United States.
- C. **"DPH"** means The Georgia Department of Public Health.

- D. **"EMERGENCY"** means any occurrence, or threat thereof, whether natural or caused by man, in war or in peace, which results or may result in substantial injury or harm to the population or substantial damage to or loss of property.
- E. **"EOC"** means the Georgia Department of Public Health Emergency Operations Center.
- F. **"EMAC" - EMERGENCY MANAGEMENT ASSISTANCE COMPACT** -is a national interstate mutual aid agreement that enables states to share resources during times of disaster.
  - a. The purpose of this compact is to provide for mutual assistance between the states entering into this compact in managing any emergency or disaster that is duly declared by the governor of the affected state(s), whether arising from natural disaster, technological hazard, man-made disaster, civil emergency aspects of resources shortages, community disorders, insurgency, or enemy attack.
  - b. This compact shall also provide for mutual cooperation in emergency-related exercises, testing, or other training activities using equipment and personnel simulating performance of any aspect of the giving and receiving of aid by agency states or subdivisions of agency states during emergencies, such actions occurring outside actual declared emergency periods. **(Georgia Code 38-3-81)**
- G. **"GEMA"** means **GEMA/HS**, the Georgia Emergency Management & Homeland Security Agency.
- H. **"MAJOR DISASTER"** means a disaster that will likely exceed local capabilities and require a broad range of state and federal assistance.
- I. **"MUTUAL AID"** - an agreement to make available resources to other participants in the agreement in case of emergency or disaster as specified under Georgia Code 38-3.
- J. **"PARTICIPATING POLITICAL SUBDIVISION"** - the political subdivisions of the State of Georgia, (or any state with which Georgia has a mutual aid agreement), that have geographical boundaries, taxation authority, and elected officials.
- K. **"PERIOD OF ASSISTANCE"** - the period of time beginning with the departure of any personnel and equipment of the DPH from any point for the purpose of traveling to the requesting agency in order to provide assistance and ending upon the return of all personnel and equipment of the DPH, after providing the assistance requested, to their residence for release from the contractual period, or regular place of work, whichever occurs first. The period of assistance shall not include any portion of the trip to the requesting agency or the return trip from the requesting agency during which the personnel of the DPH are engaged in a course of conduct not reasonably necessary for their safe arrival at or return from the requesting agency.
- L. **"PRIME MOVER"** - means any of various heavy-duty trucks or tractors used to pull the trailer, along with a qualified driver. It is required that all towing vehicles have complete insurance.

- M. **"REQUESTING AGENCY"** means the participating political subdivision or agency requesting assistance in the event of an emergency.
- N. **"RESOURCE REQUEST"** - A request for personnel and/or supplies submitted to another jurisdiction or agency due to unmet needs related to an emergency or disaster response. Resource requests include type and kind to ensure proper fulfillment of the unmet needs from the assisting agency.
- O. **"STAGING AREA"** - locations set up at an incident where resources can be placed while awaiting a tactical assignment. Staging areas are within the operations section of the incident command structure.
- P. **"STAGING AREA MANAGER"** is the person in charge of the staging area.
- Q. **"TRAILER"** - means emergency mosquito surveillance trailer.

**PROCEDURES:** The emergency mosquito surveillance trailers may be requested for use in DPH-approved trainings, during an emergency or disaster response following the trailer resource request process. For use in trainings or exercises, the requesting agency must complete a TRAILER RESOURCE REQUEST (Appendix A) form and provide the DPH Medical Entomologist a training announcement, estimated number of participants, and an agenda or summary of training objectives for the event (fax: 404-657-6533 or 6516).

During a disaster or emergency, the geo-politically recognized governmental entity (via local EMA) may request use of the trailers during a proclaimed state of emergency and transmitting a copy of that proclamation along with a completed TRAILER RESOURCE REQUEST (Appendix A) or by orally communicating a request for mutual aid assistance to the EOC (404-463-5419) followed as soon as practicable by written confirmation of the request as well as following resource request procedures.

Resource requests should follow their local municipalities procedures, usually coordinated through the county emergency management agencies and public health district. All resource requests for mutual aid shall be transmitted by the requesting agencies authorized representative.

**TRAILER RESOURCE REQUEST:** During a disaster response, the Requesting Agency should follow local resource request procedures which usually involves the local EMA, whom will submit a resource request through WebEOC to GEMA. Local Public Health offices may also submit a resource request for the EMS trailers through the District EH Office. For training requests contact the DPH district emergency coordinator and/or the state entomologist. All requests require the trailer resource request form to be completed, submitted and approved prior to deployment (outlined above and in the paragraph addressing supervision and control). The authorized representative of the DPH may contact other participating political subdivisions on behalf of the requesting agency to assist with mutual aid support and coordination, which may include technical assistance from vector surveillance coordinators.

A prime mover is required by the requesting agency for all EMS trailer resource requests. A prime mover may be included with the resource request submitted to GEMA during an emergency or declared disaster, if one is not readily available. When a trailer is used for training purposes it will be the responsibility of the Requesting Agency to provide a prime mover.

**COSTS:** The Authorized Representative will not be responsible for costs associated with indirect (e.g. requesting agency) requests for assistance. In no event, shall the Authorized Representative be responsible for costs associated with assistance in the absence of appropriated funds. The Agency receiving mutual aid will be responsible for all costs incurred during the deployment of the trailers, supplies and personnel, including technical specialists provided by DPH, pursuant to the provisions of this Agreement.

**REQUIRED INFORMATION:** Each resource request shall be accompanied by the following information from the EMS trailer resource request form, to the extent known:

- 1) The name and contact info for an Authorized Representative;
- 2) A brief description or name of the event
- 3) The quantity, kind and type of personnel and supplies needed
- 4) An estimated deployment time
- 5) Staging area(s) address, city, zip for incoming emergency resources
- 6) Requesting agency staging manager name, phone, email with an estimated meet time.

This information must be provided in writing, even if an oral agreement has been executed due to urgent circumstances. Copies or agreements may be either electronically transferred, or sent via facsimile machine.

**SUPERVISION AND CONTROL:** During a disaster response, deployed personnel will be inserted into the incident response ICS structure. For other deployments, the personnel, equipment and resources of the DPH shall remain under operational control of the Requesting Agency for the area in which they are serving. Direct supervision and control of said personnel, equipment and resources shall remain with the designated supervisory personnel of the DPH. Representatives of the Requesting Agency shall assign work tasks to the supervisory personnel of the DPH. The designated supervisory personnel of the DPH shall have the responsibility and authority for assigning work and establishing work schedules for the personnel of the DPH, based on task or mission assignments provided by the Requesting Agency. The designated supervisory personnel of the DPH shall: maintain daily personnel time records, material records and a log of equipment hours; be responsible for the operation and immediate maintenance of the equipment and other resources furnished by the DPH; and shall report work progress to the Requesting Agency.

**FOOD, HOUSING, and SELF-SUFFICIENCY:** Unless specifically instructed otherwise, the Requesting Agency shall have the responsibility of providing food and housing for the personnel of the DPH from the time of their arrival at the designated location to the time of their departure. The Requesting Agency should also provide a power source for the trailers and fuel for gasoline-powered equipment. However, DPH personnel and equipment should be, to the greatest extent possible, self-sufficient for operations in areas stricken by emergencies or disasters for at least 72 hrs. The Requesting Agency may specify only self-sufficient personnel and resources in its request for assistance.

**COMMUNICATIONS:** Unless specifically instructed otherwise, the Requesting Agency shall have the responsibility for coordinating communications between the personnel of the DPH and the Requesting Agency. DPH personnel should be prepared to furnish communications equipment sufficient to maintain contact among their respective operating units.

**REIMBURSABLE EXPENSES:** The terms and conditions governing reimbursement for any assistance provided under this Agreement shall be in accordance with the following provisions, unless otherwise agreed upon by the Requesting Agency and DPH and specified in the written acknowledgment. When a trailer is used outside the State of Georgia, the Requesting Agency shall be ultimately responsible for reimbursement of all eligible expenses through EMAC agreements. When used within the State of Georgia, all expenses shall be covered by the DPH or the local Health District requesting use of the trailer and equipment (This should be discussed upfront and agreed upon).

- A. **PERSONNEL** - During the period of assistance, the DPH shall continue to pay its employees according to its then prevailing ordinances, rules, and regulations.
- B. **PRIME MOVER** - For use out of state, the Requesting Agency can provide an appropriate towing vehicle, or they may request one be provided. For use within the State of Georgia, the DPH will request an appropriate towing vehicle from Georgia DOT or another cooperating agency. The trailer's unloaded weight is 2486 lbs. The GVW of the trailer will usually be 500-1500 pounds more than this number. The ball size needed is 2 5/16”.
- C. **INSURANCE** - These trailers are registered to DPH and are covered under State insurance. If there is an accident with a trailer, if it is damaged or stolen, the Authorized Representative of the Agency currently in command of the trailer will contact DPH immediately at 866 PUB-HLTH and report the accident to 877-656-7475 following the accident reporting procedures for State of Georgia government vehicles.
- D. **TRAINING** - To maintain the technical resources necessary to respond to a disaster, the DPH will provide annual one-two day mosquito identification and surveillance courses designed to train appropriate personnel in the identification and characterization and appropriate control of mosquito populations. The DPH

Medical Entomologist will be responsible for the planning and curriculum of courses, maintenance of contact information of trained personnel, and provision of training certificates of completion to participants. DPH will provide these at no expense to course participants if funding is available. Trained personnel will be responsible for supporting mosquito surveillance and control activities in their jurisdictional region and will be eligible for deployment with the trailers to other areas if necessary.

- E. EQUIPMENT** - The DPH shall be reimbursed by the Requesting Agency for the use of its equipment during the period of assistance according to either a pre-established local or state hourly rate or according to the actual replacement, operation, and maintenance expenses incurred. For those instances in which costs are reimbursed by the Federal Emergency Management Agency, the eligible direct costs shall be determined in accordance with applicable established costs as authorized. The DPH shall pay for all repairs to its equipment as determined necessary by its on-site supervisor(s) to maintain such equipment in safe and operational condition. At the request of the DPH, fuels, miscellaneous supplies, and minor repairs may be provided by the Requesting Agency, if practical. The total equipment charges to the Requesting Agency shall be reduced by the total value of the fuels, supplies, and repairs furnished by the Requesting Agency and by the amount of any insurance proceeds received by the DPH. Any organizations that are assigned the use of these trailers are responsible for ensuring that they are properly used, maintained (including all repairs) and returned.
- F. MATERIALS AND SUPPLIES** - The DPH shall be reimbursed for all materials and supplies furnished by it and used or damaged during the period of assistance, except for the costs of equipment, fuel and maintenance materials, labor and supplies, which shall be included in the equipment rate established above, unless such damage is caused by gross negligence, willful and wanton misconduct, intentional misuse, or recklessness of the DPH's personnel. The DPH's personnel shall use reasonable care under the circumstances in the operation and control of all materials and supplies used by them during the period of assistance. The Parties may agree that the Requesting Agency will replace, with like kind and quality as determined by the DPH, the materials and supplies used or damaged. If such an agreement is made, it shall be reduced to writing and transmitted to the DPH.
- G. RECORD KEEPING** - The DPH shall maintain records and submit invoices for reimbursement by the Requesting Agency. The Requesting Agency and DPH finance personnel shall provide information, directions, and assistance for record keeping to DPH personnel.
- H. PAYMENT** - Unless otherwise mutually agreed in the written acknowledgment or a subsequent written addendum to the acknowledgment, the reimbursable expenses will be provided as an itemized notice as soon as practicable after the expenses are incurred, but not later than sixty (60) days following the period of assistance, unless the deadline for identifying damage is extended. The Requesting Agency shall pay the bill or advise of any disputed items, not later than sixty (60) days

following the billing date. These time frames may be modified by mutual agreement through the office of the Chief Financial Officer of the Department of Public Health. This shall not preclude the DPH or a Requesting Agency from assuming or donating, in whole or in part, the costs associated with any loss, damage, expense or use of personnel, equipment and resources provided to a Requesting Agency.

**IMMUNITY:** To the extent permitted by law, the Agencies shall not be liable for actions. This immunity may be waived by the Agencies in a manner provided by law to the extent that adequate insurance coverage is in effect.

**VALIDITY:** Should any portion, section, or subsection of this guidebook be held to be invalid by a court of competent jurisdiction, that fact shall not affect or invalidate any other portion, section or subsection; and the remaining portions of this Agreement shall remain in full force and affect without regard to the section, portion, or subsection or power invalidated.

**LEGISLATIVE ARTICLES:** These protocols must be used within the framework of current mutual aid compacts entered into with all other states, counties, cities, and other political subdivisions.

## **APPENDICES**

- APPENDIX A: TRAILER RESOURCE REQUEST
- APPENDIX B: List of mosquito surveillance equipment provided with trailers
- APPENDIX C: ACCG Mutual Aid Agreement (<http://www.accg.org/>)
- APPENDIX D: Georgia Code 38-3 ([http://www.legis.state.ga.us/cgi-bin/gl\\_codes\\_detail.pl?code=38-3-1](http://www.legis.state.ga.us/cgi-bin/gl_codes_detail.pl?code=38-3-1))
- APPENDIX E: Tow Vehicle Insurance Waiver
- APPENDIX F: Trailer Insurance Card



**APPENDIX A: Emergency Mosquito Surveillance  
(EMS) Trailer Resource Request Form**

1. Date/time of this request: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
2. Agency requesting EMS trailer support: \_\_\_\_\_
3. Authorized representative for the agency: \_\_\_\_\_
4. Authorized representative contact information:
  - a. email: \_\_\_\_\_
  - b. cell phone: \_\_\_\_\_
5. Emergency, \*disaster or training event name: \_\_\_\_\_
6. If training, enter the number of attendees: \_\_\_\_\_  
(attach an agenda or training objectives)
7. Resource request needs (Quantity/Type/Kind):
  - a. Personnel: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
  - b. Supplies: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
8. Estimated deployment days: \_\_\_\_\_
9. Staging area address, city, zip: \_\_\_\_\_
10. Staging area manager name: \_\_\_\_\_
  - a. Cell phone: \_\_\_\_\_
  - b. Email: \_\_\_\_\_
11. Name of driver towing the trailer (if known): \_\_\_\_\_
  - a. Cell phone of driver: \_\_\_\_\_

Requesting agency, authorized representative signature: \_\_\_\_\_

Date: \_\_\_\_\_

DPH Authorization, representative signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email, Fax or attach in WebEOC this resource request form and accompanying materials either to the DPH Medical Entomologist at fax: 404-657-6533 (training event) **and** a copy to the attention of the Environmental Health Emergency Planner via email (preferred) [Byron.Lobsinger@dph.ga.gov](mailto:Byron.Lobsinger@dph.ga.gov) or fax: 404-657-6516, cell: 404-463-2617.

\*A state of emergency or disaster declaration should be included with disaster related resource requests for deployment.

APPENDIX B: List of Mosquito Surveillance Equipment (may vary by trailer)

item	# available	description
Meiji microscope	3	microscope with both 10x and 15x oculars for identifying mosquitoes
fiber optic lights	3	
CDC light traps	24	traps for capturing host-seeking mosquitoes
CDC gravid traps	12	traps for capturing gravid mosquitoes
fine tip forceps	12	
petri dishes	5	bags of 20
cryolizers	2	used to keep maintain cold chain for virus isolation
larvae collection kits	2	used for larval surveillance
backpack aspirator	1	used to collect adult mosquitoes resting on surfaces
thermosafe containers	2	used to hold dry ice for the light traps
backpack sprayer	2	used to apply larvicide or adulticide to small areas
6-volt batteries	72	
battery charger	6	
mosquito keys	2	used to ID mosquitoes

## Zika Trailer

Items	Quantity	Unit Type	Received	Pending
Towelettes, DEET	2	PK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Choice PVC Gloves	3	DZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Off Deep Woods	6	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
N95 Respirator	5	BX	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disposable Coveralls Medium	1	EA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disposable Coveralls XL	1	EA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Husky 18 Gal Tote	5	EA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rubbermaid 32 Gal Trash Can w/lids	1	EA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tool Set 102 pcs	1	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Multimeters	1	EA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Large mouth jug	1	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Extra fine tip forceps	1	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Petri Dish 100X15mm set of 2	5	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass Vials	5	CS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fiber Optic Microscope	1	EA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fiber Optic Microscope Illuminator	1	EA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Folding Tables	3	EA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Folding Chairs	1	EA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CDC Mini Light Trap	7	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dry Ice Containers (Igloo)	1	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Double Ring Collection Bag	10	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery 6V-10amp HR	10	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DC Battery Pack w/charger 12V/14Hr	4	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sentinal 2 Traps	2	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Replacement Battery, 12V DC	2	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Larvae dippers (10pk)	1	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ear Plugs	5	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Splash goggles	2	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coolers 1/3 Gal. (Red)	5	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Backpack Sprayers	1	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Altosid 30 day briquets (400/cs)	1	CS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Altosid XRG Sand Granules (40lb bag)	1	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mavrik Perimeter (12X8 oz case)	1	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Canopy 10X10 w/carrying bag	1	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Single Pak Insect Repellent towels	100	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wheel Chock Lock	1	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2-5/16" Hitch ball	1	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F/Series Key Fitting	4	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W1" Ring	3	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W2" D-Ring	3	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12X2 Spring Fitting strap/buckle	4	EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**APPENDIX E: Agreement, Waiver & Release Form**

1. This completed and signed form **MUST** accompany the Trailer.
2. A form must be filled out for each Driver or Passenger occupying the tow vehicle.

**Drivers / Passenger Name** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_

**Date of Birth** \_\_\_/\_\_\_/\_\_\_

**Address** \_\_\_\_\_

**City Zip**

**Home Phone** \_ **Work Phone** \_ **Cell** \_\_\_

**Name of EMERGENCY contact** \_\_

**EMERGENCY PHONE #** \_

3. **POV Insurance Information:**

**Name of Insurance Company:**

**Policy Number:**

**Amount of Coverage:**

NOTE: GDOT vehicles used for towing are covered by GDOT's General Liability Insurance and employees driving or occupying these vehicles are not required to provide POV Insurance Information nor does paragraph 4 apply to them.

**AGREEMENT, WAIVER & RELEASE**

I hereby waive, release, and discharge any and all claims for damage for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the towing of the trailer. This release is intended to discharge DPH from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

The undersigned agrees that the trailer will be secured at all times during its transport and not abandoned on the roadway in the event of traffic accident, vehicle breakage or failure, driver or passenger illness and or any emergency or unforeseen event that may cause a stoppage in route to the delivery destination.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS AND I SIGN IT OF MY FREE WILL.**

Signature:

Print Name:

Date:

APPENDIX F

**Warning:** This card is not to be used for the registration of a privately owned vehicle. Any person using this card for such a purpose may be subject to criminal prosecution.



State of Georgia Government Vehicle  
Georgia Liability Insurance Identification Card

Insurer: State of Georgia DOAS/RMS Self Insurance Program  
Policy Numbers: TCP – 401 – 14 – 19 / CGL – 401 – 14 – 19  
Coverage: July 1, 2018 – June 30, 2019  
Insured: State of Georgia Government or State employees while operating a vehicle within the scope and course of employment.

Card Issued by DOAS Risk Management Services – Fleet

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KEEP THIS CARD IN YOUR MOTOR VEHICLE WHILE IN OPERATION

***Toll Free Phone: 1-877-656-7475 Report accidents within 48 hours***

If you are in an accident, be sure to get the following information before leaving the area:

- 1) Date, Time, Place;
- 2) Your Vehicle – year, make, model, tag;
- 3) Describe Accident. Include:
  - Direction each vehicle was traveling, weather conditions
  - Details of accident.
- 4) For all individuals include: name, address, employer, home and work phone numbers. Describe injuries claimed and observed; ID hospital, if applicable;
  - Insured (State Employee) driver
  - Your passengers
  - Other driver
  - His/ her passengers
  - Witnesses
- 5) Other vehicle(s): year, make, model, tag, insurance co. and policy #
- 6) Police: agency, officer, citations issued (?), to whom?