STATE OF CALIFORNIA VEHICLE MISUSE REPORT

DEPARTMENT OF GENERAL SERVICES OFFICE OF FLEET AND ASSET MANAGEMENT

DGS OFAM 508 (Rev. 12/2020)

This form is to be used in accordance with California Code of Regulations (CCR) Section 599.804. State agencies are required to investigate and take action on alleged misuse, and to notify the Department of General Services, Office of Fleet and Asset Management of the findings of their investigation at FARSInfo@dgs.ca.gov. Please do not include the name of drivers accused of misuse in this form.

Individual Completing Form					
First Name		Last Name		Telephone	
Email Address					
Department					
Vehicle Information					
License Number	Make	Model	Color		
Body Type	Other Vehicle Characteristics (Logo, Sticker, modification etc.)				
Incident Information					
Highway/Route		Street Name			
Nearest City or Town	Direction of Travel/Nearest Major Intersection				
Other Location Information					
Category of Misuse (please select one) Additional Misuse Category (if applicable)					
Results of Investigation and Preliminary Decision					
Date of Incident	Time of Inc	cident I	Duration	of Incident	
Actual on Estimated Coat Attail	utod to Misso				
Actual or Estimated Cost Attributed to Misuse					

Head of Agency Review

Name	Title	Date
Approve Preliminary Decision	Reject Preliminary Decision	Modify Preliminary Decision
Modified Decision (if applicable)		