



UNITED STATES MARINE CORPS  
MARINE CORPS RECRUIT DEPOT/EASTERN RECRUITING REGION  
PO BOX 19001  
PARRIS ISLAND, SOUTH CAROLINA 29905-9001

IN REPLY REFER TO:  
DepO 11240.8A  
G-4  
21 JAN 2020

DEPOT ORDER 11240.8A

From: Commanding General  
To: Distribution List

Subj: STANDARD OPERATING PROCEDURES FOR LOW SPEED ELECTRIC VEHICLE

Ref: (a) MCO 11240.106C  
(b) MCO 4790.2  
(c) DepO 11240.3K  
(d) MCO 5100.19F  
(e) DepO 5560.8B  
(f) Low Speed Electric Vehicle Owner's Manual

Encl: (1) LSEV Weekly Preventative Maintenance Checklist  
(2) Vehicle Accident Report

1. Situation. To establish a standard operating procedure (SOP) for the safe operation and maintenance of all Low Speed Electric Vehicles (LSEV) aboard the Depot.

2. Cancellation. 11240.8

3. Mission. It is the goal of this command to establish guidelines for the safe usage/operation of LSEVs aboard the Depot. LSEVs were introduced to Marine Corps Recruit Depot/Eastern Recruiting Region, Parris Island (MCRD/ERR PI) as a cost effective alternative means of transportation. It is imperative that we utilize and maintain them in accordance with the references.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) This Order will direct the proper usage, operation and maintenance of all LSEVs aboard the Depot.

(b) Commanders/Supervisors of each unit/section assigned a LSEV will ensure that operators possess a valid state driver's license and are given a class on safety, maintenance, and accident reporting.

(c) No operator will be permitted to drive a LSEV without first being instructed on the proper operation and use of the vehicle's controls. An experienced operator will accompany a first-time driver on an orientation drive before allowing them to operate the vehicle alone. The commander/supervisor of each unit/section will designate an individual from his or her unit to administer the orientation drive.

(d) Safety devices will be utilized while operating the LSEV if

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so equipped.

(2) Concept of Operations

(a) Vehicle Familiarization

(1) The key switch is mounted on the steering column. It has two positions, "OFF" and "ON," which are clearly labeled. The key can only be removed when in the "OFF" position.

(2) Locate the "FORWARD"/"REVERSE" switch to change the direction of the vehicle.

(3) The acceleration pedal is the pedal on the right. The reverse buzzer will sound if the vehicle is in "REVERSE." As the accelerator pedal is depressed, speed will increase until full speed is reached.

(4) The brake pedal is the pedal to the left of the accelerator pedal. To slow or stop the vehicle, depress the brake pedal with your right foot.

(5) To set the parking brake, refer to the owner's manual and/or seek guidance from an experienced operator. Parking brakes are located in different areas for different types of LSEVs.

(6) The most unique part of a LSEV is its use of electricity to recharge the batteries that power the motor.

(b) Operator Training

(1) Starting the Vehicle

(a) Be sure any load is secure.

(b) Study and understand controls.

(c) Be sure everyone is seated and wearing seat belts.

(d) Have both hands on the wheel.

(e) Read safety warning instructions.

(f) Make sure wheels are turned in the desired direction.

(g) Turn the key to the "ON" position and make sure nothing is in the desired path.

(h) Select direction by pushing switch to the desired position.

(i) Release parking brake and slowly depress the accelerator pedal. As the accelerator pedal is depressed, speed will increase until the desired or posted speed is reached.

(2) Stopping the Vehicle. To stop the vehicle, release the accelerator pedal and depress the brake pedal until the vehicle comes to a complete stop.

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(3) Parking and Leaving the Vehicle

(a) After stopping the vehicle, set the parking brake. This will prevent the vehicle from rolling.

(b) Turn the key switch to "OFF" position. Remove the key when the vehicle is not in use.

(c) At a minimum, the LSEV batteries should be charged daily. Locate the charging cord, ensure that it is plugged into a reliable power source, and connect it to the LSEV and charging port. A best practice is to have the charging cord in the LSEV and charge the vehicle whenever possible.

(4) Loading and Unloading the Vehicle. When loading the vehicle, center and secure the cargo as far forward as possible in the cargo bed. Do not overload the vehicle. See vehicle load plate for load capacity.

(5) Safety

(a) Operators of LSEVs equipped with emergency lighting will activate them when the vehicle is in motion.

(b) LSEVs will not be operated without the head and tail lights properly illuminated.

(c) LSEVs utilized for transporting weapons will be equipped with a serviceable radio and will maintain communications with the Depot Armory at all times.

(d) Due to the extended height and weight of the armory LSEVs, operators must negotiate turns at slower speeds than the more conventional model LSEVs.

(e) Prior to operation, operators will perform a complete inspection utilizing enclosure (2). It is extremely important that the operator conduct a detailed inspection of the vehicle as it may identify damages not previously reported. Failure to report such damage could result in the operator being held responsible.

(f) LSEVs should not be used to tow or be towed by another vehicle.

(g) In lieu of increased traffic accidents, responsible officers should refer to references (d) and (e) for proper use of LSEVs.

(h) LSEVs are not intended for use off road. Primary (asphalt) and secondary (hard-packed) roads are the only authorized roads for usage.

(i) During Depot flooding events (hurricanes/extremely high tides) LSEVs are prohibited from being driven through flooded roads. Water will cause excessive damage to LSEVs and negatively impact the command's transportation capability should excessive numbers become inoperable.

(6) Accidents. All accidents will be immediately reported to the unit/section commander. The Provost Marshals Office (PMO) should be contacted any time an accident occurs. An SF91, enclosure (1), Accident Report form will be completed and turned into Motor Transport Department (MTD). The MTD will complete all vehicle repairs. Refer to reference (c), chapter 5 Safety, Accidents Prevention, and Reporting for instructions and assistance.

(7) Maintenance

(a) A weekly preventive maintenance service check will be conducted at the organizational level. This will be documented on the checklist provided in enclosure (2). The weekly checks will be verified by a noncommissioned officer (NCO) or above to ensure it was properly completed and that the vehicle is safe for operation.

(b) A more detailed inspection will be conducted by Motor Transport Maintenance Division (MTMD). These inspections will be conducted on a semi-annual basis while corrective maintenance will be handled as needed.

(c) Vehicles identified as needing maintenance will be immediately turned in for repairs.

(8) Administration

(a) Per references (a) and (b), MTMD will create and maintain record jackets for each GEM car. Record jackets will contain all necessary information and should provide a complete maintenance history of the vehicle.

(b) Units will maintain all daily PM/checklist history for the past 30 days. Any discrepancies must be reported to MTD.

(c) Units will maintain all monthly PM sheets for the past six months.

(d) Each LSEV will be equipped with a copy of a blank SF91; if not, contact the Motor Transport Operations Chief at (x2233/2672) located in the MTD.

(e) Units will perform weekly preventative maintenance checks on LSEVs and will turn in "ONLY" the checklists with discrepancies to the MTMD, along with the asset.

b. Subordinate Element Missions. Unit commanders will ensure that their organizations are adhering to this Order.

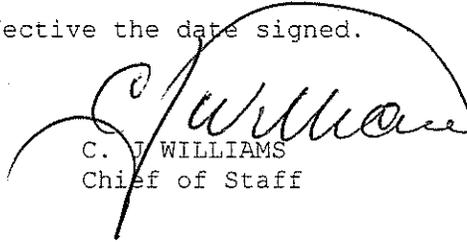
5. Administration and Logistics

a. Recommendations for changes or modifications to this Order will be provided to the Assistant Chief of Staff, G-4.

b. Directives issued by MCRD/ERR PI are published and distributed electronically. Electronic versions can be viewed on the G-1 SharePoint.

6. Command and Signal

- a. Command. This Order is applicable to MCRD/ERR PI.
- b. Signal. This Order is effective the date signed.



C. J. WILLIAMS  
Chief of Staff

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LSEV Weekly Preventative Maintenance Checklist

LSEV-WEEKLY PREVENTATIVE MAINTENANCE CHECKLIST

USMC/PLATE# \_\_\_\_\_ GME CODE \_\_\_\_\_ CLASS: ( )A ( )B ( )C

DRIVERS REMARKS \_\_\_\_\_

	SAT	UNSAT
1. STEERING WHEEL		
2. SEATS AND SEAT BELTS		
3. INSTRUMENTS PANEL AND GAUGES		
4. LIGHTS/ BRAKE LIGHTS		
5. HORN		
6. BATTERY CLEAN TERMINALS (if not report to MT Maint)		
7. BATTERY CHARGER INDICATOR (keep plugged in when not in use)		
8. BRAKES OPERATING PROPERLY/FLUID LEVEL		
9. EMERGENCY BRAKES OPERATING PROPERLY		
10. MIRRORS/WINDSHIELD WIPER		
11. ELECTRIC OUTLET AND ELECTRICAL CORD		
12. EMERGENCY FLASHERS		
13. HEATER IF APPLICABLE		
14. TIRE WEAR/RIMS AND RUB CAP CONDITION (report to MT if assistance is required)		
15. BODY, CONDITION, DAMAGE		
16. FRONT/REAR USMC TAG NUMBER PRESENT/PRESENTABLE		
17. DOORS IF APPLICABLE		
18. HOOD		
19. UTILITY BED WITH RAILS OPERATIONAL (IF APPLICABLE)		
20. MM BOX DOORS IF APPLICABLE/SIDE PANELS		
21. VEHICLE OPERATING PROPERLY YES OR NO		
22. OPTIONAL ACCESSORIES NOT MENTIONED		

MILEAGE \_\_\_\_\_ TIRE PRESSURE 35 PSI: LF \_\_\_\_\_ RF \_\_\_\_\_ LR \_\_\_\_\_ RR \_\_\_\_\_

HOURS \_\_\_\_\_ REMARKS \_\_\_\_\_

INSPECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISORS COMMENTS: \_\_\_\_\_

❖ This form needs to be sent to the MT Maintenance Shop on a weekly basis.

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Motor Vehicle Accident Report

<b>MOTOR VEHICLE ACCIDENT REPORT</b>	Please read the Privacy Act Statement on Page 3.	INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Sections X, Items 72 thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.
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**SECTION I - FEDERAL VEHICLE DATA**

1. DRIVER'S NAME (Last, first, middle)		2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		3. 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 <input type="checkbox"/> YES <input type="checkbox"/> 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. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS			
14a. DRIVER'S WORK ADDRESS					14b. WORK TELEPHONE NUMBER
15a. DRIVER'S HOME ADDRESS					15b. HOME TELEPHONE NUMBER
16. DESCRIBE VEHICLE DAMAGE					17. ESTIMATED REPAIR COST \$
18. YEAR OF VEHICLE	19. MAKE OF VEHICLE	20. MODEL OF VEHICLE		21. TAG NUMBER AND STATE	
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS					22b. POLICY NUMBER
					23c. TELEPHONE NUMBER
					24b. TELEPHONE NUMBER
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		24a. OWNER'S NAME(S) (Last, first, middle)			
25. OWNER'S ADDRESS(ES)					

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

26. NAME (Last, first, middle)		27. SEX	28. DATE OF BIRTH
29. ADDRESS			
A 30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		31. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	32. LOCATION IN VEHICLE
33. FIRST AID GIVEN BY			
34. TRANSPORTED BY		35. TRANSPORTED TO	
36. NAME (Last, first, middle)		37. SEX	38. DATE OF BIRTH
39. ADDRESS			
B 40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		41. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	42. LOCATION IN VEHICLE
43. FIRST AID GIVEN BY			
44. TRANSPORTED BY		45. TRANSPORTED TO	
46. Pedestrian	a. NAME OF STREET OR HIGHWAY		b. DIRECTION OF PEDESTRIAN (SIV corner to NE corner, etc.) FROM TO
	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, obliquely, at roadway corner, walking, etc.)		

NSN 7540-00-631-1041  
PREVIOUS EDITIONS NOT USABLE

91-103

STANDARD FORM 91 PAGE 1 (REV. 3-83)  
Prescribed by GSA FPMR 101-38.6  
USAFPC V1.03

Motor Vehicle Accident Report

**SECTION IV - ACCIDENT TIME AND LOCATION** (Use Section VIII if additional space is needed.)

47. DATE OF ACCIDENT 48. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest highway, Distance nearest intersection; Kind of locality (Industrial, business, residential, open country, etc.); Road description)

49. TIME OF ACCIDENT  
AM  
PM

**50. 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.

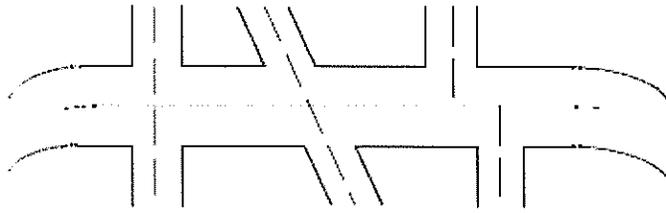
Example:

b. Use solid line to show path before accident and broken line after the accident.

c. Show pedestrian by

d. Show railroad by ++++++

e. Place arrow in this circle to indicate NORTH



**51. 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

52. DESCRIBE WHAT HAPPENED (Refer to vehicles "Fed", "2", "3", etc. Please include information on posted speed limit, maximum speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop sign, etc.), occurrence of light (daylight, dusk, night, dawn, artificial light, etc.) and driver actions (making left pass, stopped in traffic, etc.)

**SECTION V - WITNESS/PASSENGER** (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

A	53. NAME (Last, first, middle)	54. WORK TELEPHONE NUMBER	55. HOME TELEPHONE NUMBER
	56. BUSINESS ADDRESS	57. HOME ADDRESS	
B	58. NAME (Last, first, middle)	59. WORK TELEPHONE NUMBER	60. HOME TELEPHONE NUMBER
	61. BUSINESS ADDRESS	62. HOME ADDRESS	

**SECTION VI - PROPERTY DAMAGE** (Use Section VIII if additional space is needed.)

63a. NAME OF OWNER	63b. OFFICE TELEPHONE NUMBER	63c. HOME TELEPHONE NUMBER
63d. BUSINESS ADDRESS	63e. HOME ADDRESS	
64a. NAME OF INSURANCE COMPANY	64b. TELEPHONE NUMBER	64c. POLICY NUMBER
65. ITEM DAMAGED	66. LOCATION OF DAMAGED ITEM	67. ESTIMATED COST \$

**SECTION VII - POLICE INFORMATION**

68a. NAME OF POLICE OFFICER	68b. BADGE NUMBER	68c. TELEPHONE NUMBER
69. PRECINCT OR HEADQUARTERS	70. PERSON CHARGED WITH ACCIDENT	70. VIOLATION(S)

Motor Vehicle Accident Report

**SECTION VIII - EXTRA DETAILS**

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON FLAIN BOND PAPER.

**SECTION IX - FEDERAL DRIVER CERTIFICATION**

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purpose for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, where relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

71a. NAME AND TITLE OF DRIVER	71b. DRIVER'S SIGNATURE AND DATE
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**SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED**

72. ORIGIN	73. DESTINATION
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74. EXACT PURPOSE OF TRIP

75. TRIP BEGAN	DATE	TIME (Circle one) a.m. p.m.	76. ACCIDENT OCCURRED	DATE	TIME (Circle one) a.m. p.m.
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77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)	78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
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79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)	80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED. <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)
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81. COMPLETED BY DRIVER'S SUPERVISOR	a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY <input type="checkbox"/> YES <input type="checkbox"/> NO b. COMMENTS
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82a. NAME AND TITLE OF SUPERVISOR	82b. SUPERVISOR'S SIGNATURE AND DATE	82c. TELEPHONE NUMBER
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Motor Vehicle Accident Report

**SECTION XI - ACCIDENT INVESTIGATION DATA**

83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION.  YES  NO *if "no", explain below.*

**84. PERSONS INTERVIEWED**

NAME		DATE	NAME		DATE
a.			c.		
b.			d.		

85. ADDITIONAL COMMENTS *(Indicate section and item number for each comment.)*

**SECTION XII - ATTACHMENTS**

LIST ALL ATTACHMENTS TO THIS REPORT

**SECTION XIII - COMMENTS/APPROVALS**

86. REVIEWING OFFICIAL'S COMMENTS

87. ACCIDENT INVESTIGATOR		88. ACCIDENT REVIEWING OFFICIAL	
a. SIGNATURE AND DATE		a. SIGNATURE AND DATE	
b. NAME <i>(first, middle, last)</i>		b. NAME <i>(first, middle, last)</i>	
c. TITLE		c. TITLE	
d. OFFICE		d. OFFICE	
e. OFFICE TELEPHONE NUMBER		e. OFFICE TELEPHONE NUMBER	