**Driver Safety & Vehicle Use Program**

**Instructions**

The following sample program is provided to assist you with the preparation and implementation of an effective Driver Safety & Vehicle Use Program.

You will need to provide information in several areas within the program. The information needed will be indicated by Blue Text. Other areas of the program may need to be modified or eliminated depending on your organization and your legal counsel’s directives.

**Name of Agency**

**Driver Safety & Vehicle Use Program**

**Insert Date**

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**Appendices**

1. DMV Form INF 1101 - Authorization for Release of Driver Record Information
2. Verification of Liability Insurance Form
3. Vehicle Accident Driver Procedures
4. Vehicle Accident Driver Report Form

The Driver Safety & Vehicle Use Program has been developed to protect the Name of Agency’s employees and resources, to ensure compliance with state and federal regulations, and to guard against and reduce potential liabilities from accidents. The information outlined in this program is in line with generally accepted best practices and legal requirements for safe motor vehicle operations. Name of Person/Department will oversee the requirements within this program. All employees who operate a vehicle on agency business are required to comply with this program.

# Driver Eligibility

The following guidelines have been established to assist with identifying, hiring, and retaining safe drivers and ensuring ongoing safe driving practices.

* Employment applications and job descriptions will clearly identify if vehicle operation is a job requirement.
* New employee background checks are conducted.
* Motor vehicle reports (MVRs) are obtained and reviewed for all employees who drive agency-owned vehicles and personally-owned vehicles while on agency business to determine if the employee is an acceptable driver as outlined in the following section.
* Employees must possess a valid driver’s license to legally operate the class of vehicle(s) they drive in their employment.
* Employees who drive their personally-owned vehicle on agency business must show proof of automobile liability insurance in accordance with the Business Use for Personally-Owned Vehicles section.
* All employees who drive on agency business are required to comply with all applicable state laws and regulations.

# DMV Employer Pull Notice Program (EPN)

Employees who are authorized to drive an agency-owned and/or a personally-owned vehicle for agency business will consent to being enrolled in the California DMV Employer Pull Notice (EPN) Program. The DMV issues MVRs on every person registered in the EPN Program. The DMV automatically issues MVRs annually and whenever the driver is involved with certain legal actions or activities. Employees who participate in this program will sign a DMV Authorization for Release of Driver Record Information form (Appendix A).

***Employee Deviations***

The supervisor will work with Human Resources and the Driver Safety & Vehicle Use Program Administrator when determining the most appropriate intervention per the policy stated below.

***Acceptable Driving Records***

The criteria for determining if a prospective or current employee’s driving record is acceptable is based on California’s Department of Motor Vehicle Negligent Operator Treatment System (NOTS) criteria.

|  |  |
| --- | --- |
| NOTS Criteria | Agency Intervention Criteria |
| * 6 points in 12 months
 | * 4 or more points in 12 months
 |
| * 8 points in 24 months
 | * 6 points in 24 months
 |
| * 10 points in 36 months
 | * 8 points in 36 months
 |

<https://www.dmv.ca.gov/portal/driver-education-and-safety/dmv-safety-guidelines-actions/negligence/>

When an employee’s MVR reaches intervention levels, we may initiate one or more of the following actions:

* Counsel or warn the employee that employment may be jeopardized if there are additional violations or accidents.
* Shift the employee to a non-driving position where feasible.
* If a non-driving position is not an option, implement some additional controls such as driver training course(s) to reinforce defensive driving safety.
* Restrict or eliminate use of personally-owned vehicles for agency business.
* Other intervention determined and approved by Human Resources and the Driver Safety & Vehicle Use Program Administrator.

# Business Use - Agency-Owned Vehicles

These requirements apply to employees who are assigned and drive an agency-owned vehicle while conducting agency business.

* Unless otherwise approved, agency-owned vehicles are not to be used for personal purposes, including the commute to and from home.
* Designated “on-call duty” employees are authorized to drive agency vehicles home with the department head’s approval.
* Use of police and fire vehicles for personal use is addressed by separate policy. (Identify name and location of policies)
* Employees who are permitted to use an agency-owned vehicle to commute to/from home and worksite are not authorized to use the vehicle for personal purposes other than commuting. Minimum personal use, such as stopping for a personal errand on the way between the employee’s home and worksite is authorized. Under these conditions, Internal Revenue Service (IRS) taxable fringe benefits may apply. Contact Human Resources for specific IRS requirements and mileage rates.

The following requirements pertain to all agency-owned vehicles:

* No one except an authorized employee may drive an agency vehicle. This includes immediate family members and friends, except in an emergency.
* Drivers must comply with all applicable state laws and regulations.

The agency reserves the right to withdraw this privilege at any time. Failure to fulfill any requirement of the vehicle use policy may result in disciplinary action up to and including termination.

# Business Use - Personally-Owned Vehicles

It is the policy of the Name of Agency to provide employees with suitable transportation to conduct agency business. However, there may be times when it is necessary and expeditious for employees to use personally-owned vehicles in the course of agency business.

Agency employees are not permitted to use personally-owned vehicles in conducting agency business without prior approval of the appropriate department head or the assigned designee.

Before authorizing an employee to use a personally-owned vehicle for Agency business, each department head, or designee, shall determine that: (1) the business purpose is valid; (2) the use of a personally-owned vehicle is in the best interests of the agency; and (3) the employee has been approved to use his/her personally-owned vehicle.

***Insurance Requirements***

Employees utilizing their personally-owned vehicles on agency business must maintain automobile liability and property damage insurance coverage in accordance with the State of California’s minimum requirements of $15,000/$30,000 bodily injury coverage and $5,000 property damage coverage. (Consider increasing required limits of $100,000/$300,000/$50,000 for additional protection)

* The employee will sign a declaration stating he or she is carrying the insurance coverages as stated above upon his/her employment (refer to Appendix B). If the insurance coverage is modified, canceled, terminated, lapsed, or curtailed for any reason, the employee must immediately notify the Department/Title.
* Current employees will sign a declaration annually stating they are carrying the insurance coverages as stated above.
* In case of an accident and subsequent claim, the coverage provided by the employee's personal insurance will apply first. Insurance follows the vehicle, not the driver. The agency will pay the insurance deductible for the employee (if applicable and not reimbursed by others, e.g., another at-fault driver) up to a maximum of $500 if an employee is involved in an accident in his/her personally-owned vehicle when the requirements of this policy have been met. The agency is not responsible for any increase in an employee’s insurance premium as a result of an accident.
* Employees are expected to maintain the vehicle in reliably safe mechanical condition as required by law.

# Use of Rental Cars on Agency Business

(Review this section thoroughly and modify or remove based on your agency’s preferences and advice from legal counsel)

Agency employees are not permitted to use a rental car in conducting agency business without prior approval of the appropriate department head or assigned designee.

When renting a vehicle, the employee’s personal insurance is primary. The rental car company requires the renter (employee) to sign a written agreement transferring the liability and property damage (including damage to the rental vehicle) back to the renter.

The rental car company will offer an optional Loss Damage Waiver (LDW) intended to protect the renter should the car become damaged or stolen. If the renter waives the LDW protection, the renter assumes financial responsibility for damage to the rental car, loss of use of the car while it is being repaired, miscellaneous administrative expenses of the rental company and liability and property damage to third parties.

The agency does not require the employee to purchase the LDW. If the employee chooses to purchase the optional LDW, it will be at the employee’s personal expense. In case of an accident and subsequent claim, the coverage provided by the employee's personal insurance will apply first. The agency will pay the insurance deductible for the employee (if applicable and not reimbursed by others) up to a maximum of $XXX if an employee is involved in an accident in the approved use of a rental car while conducting agency business.

# Electronic Wireless Communication Devices

The following requirements address the use of electronic wireless communication devices while driving agency-owned vehicles and personally-owned vehicles while on agency business. The California State Vehicle Code’s current definition of an “electronic wireless communication device” includes:

* Broadband personal communication device;
* Specialized mobile radio device;
* Handheld device or laptop computer with mobile data access;
* Pager; and
* Two-way messaging device

Agency employees shall not operate an agency-owned vehicle or personally-owned vehicle on agency business while using an electronic wireless communication device unless the device and vehicle meet the conditions noted below. “Using” includes, but is not limited to, viewing, talking, taking or transmitting images, playing games, composing, sending, reading, accessing, browsing, transmitting, saving or retrieving email, text messages, or other electronic data.

The following requirements adhere to the California State Vehicle Code Sections 23123 - 23125.

* The Code prohibits driving a motor vehicle while holding and operating a handheld wireless telephone or a wireless electronic communications device, unless the device is mounted on the vehicle’s windshield or is mounted/affixed to a vehicle’s dashboard or center console in a manner that does not hinder the driver’s view of the road.
* The driver’s hand may only be used to activate or deactivate a feature or function on the device with the motion of a single swipe or tap of the driver’s finger, but not while holding it. *The law does not apply to manufacturer-installed systems that are embedded in a vehicle.*

Agency employees without a hands-free wireless communication device may use their device after safely exiting a highway, pulling safely to the side of a road, and stopping the vehicle.

**Exemptions**

The agency has the right to add to, delete or amend this policy at any time. The Name of Person/Department reserves the right to make an exception to this policy if he/she believes such an exception is in the best interest of the agency. The following uses are exempt from the restrictions above:

1. Emergency services professionals while operating an authorized emergency vehicle as defined in Vehicle Code section 165;
2. Employees driving a transit vehicle while using a wireless telephone for work-related purposes or emergency purposes as described in Vehicle Code sections 23125 and Public Utilities code section 99247(g); and
3. Other exemptions as set forth in the California Vehicle code as written or amended.

# Vehicle Accident Procedures

Vehicle accident procedures must be followed in the event of an accident/incident involving agency-owned vehicles or personally-owned vehicles while on agency business. This includes minor incidents and collisions, even if there do not appear to be any injuries and/or property damage. Drivers are required to immediately report the incident to their supervisor. After business hours, drivers are still required to call their supervisor to report the accident/incident.

The Vehicle Accident Procedures are outlined in Appendix C, and Appendix D contains the Vehicle Accident Report form. All agency-owned vehicles and personally-owned vehicles authorized for business use are required to keep a copy of the procedures and form in the vehicle. The agency driver is required to review the procedures, complete the Vehicle Accident Report form, and turn it into his/her supervisor as soon as practicable.

Police should be notified in the event of

* Estimated property damage of more than $750
* Anyone was injured (no matter how minor)
* Anyone was killed.

Whenever a police report has been filed it will be obtained as part of this accident procedure.

# Training

Applicable employees will complete defensive driver training as required by their respective departments.

# Record Keeping

The following documentation will be maintained for at least two years:

* Defensive driver training for each employee, including the employee's name, training dates, type of training, and training providers
* MVR
* Vehicle insurance information from drivers who use their personally-owned vehicles on agency business
* Documentation regarding employee deviations

# Program Evaluation

The Driver Safety & Vehicle Use Program will be reviewed on a periodic basis to meet ongoing needs.

**California Department of Motor Vehicles – Employer Pull Notice Program**

**Authorization for Release of Driver Record Information**

**DMV Form INF 1101**

*PDF fillable form available at*

<https://www.dmv.ca.gov/portal/dmv/detail/vehindustry/epn/epnformlist>

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**Name of Agency**

**Verification of Liability Automobile Insurance**

*Use of Personally Owned Vehicles for Agency Business*

**Employee Information**

|  |  |
| --- | --- |
| Employee Name:  |  |
| Driver License #/State: |  | Expiration Date: |  |
| Residence Address: |  |

**Vehicle Information**

*(Provide vehicle information for personally owned vehicle(s) driven for agency business)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vehicle(s) Make, Model, and Year |  | License Number |  | State |
|  |  |  |  |  |
|  |  |  |  |  |

**Insurance Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Company Name: |  | Policy Number: |  |
| Effective Date: |  | Expiration Date: |  |

Provide liability coverage limits for the following:

|  |  |
| --- | --- |
| Bodily Injury Per Person *(California minimum requirement $15,000)*: |  |
| Bodily Injury Per Occurrence *(California minimum requirement $30,000)*: |  |
| Property Damage *(California minimum requirement $5,000)*: |  |

**CERTIFICATION**

I certify that the above named insurance policy is in force for the above listed vehicle(s). I agree to immediately report to the Name of Agencyif the above insurance is terminated and/or if my driver’s license is suspended or revoked.

I certify I have read, understand, and agree to abide by the terms stated above.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| *Signature* |  | *Print Name* |  | *Date* |

**Name of Agency**

**Vehicle Accident Driver Procedures**

Vehicle accident procedures must be followed in the event of an accident/incident involving agency-owned vehicles or personally-owned vehicles while on agency business. This includes minor incidents and collisions, even if there do not appear to be any injuries and/or property damage. All employees who drive agency-owned vehicles or personally-owned vehicles authorized for business use are required to keep a copy of these procedures and the Vehicle Accident Report form in the vehicle. The agency driver is required to review the procedures, complete the Vehicle Accident Report form, and turn it into his/her supervisor as soon as feasible.

**Take Steps to Prevent Further Accidents**

* Park safely out of traffic flow if vehicle is operable
* If available, set out flares

**Remain Calm**

* Do not argue, accuse, or accept blame for accident
* Discuss details only with police and your employer

**Call 9-1-1 if medical assistance is needed or report of injuries**

* Do not attempt to move an injured person
* Provide basic first aid only

**Contact Police When**

* Estimated property damage of more than $750
* Anyone was injured (no matter how minor)
* Anyone was killed

Obtain report number & officer ID

**Obtain Witness Information**

* Name(s)
* Address
* Telephone numbers

**Exchange Information**

* Driver’s name/address/telephone number
* Driver’s license number/vehicle license number
* Insurance policy number, agent, and insurer
* See accident report form for details

**Vehicle Accident Report Form**

* Make note of street names, directions, and landmarks
* If possible complete the form at the time of the accident or as soon as feasible

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| **Notes:** |
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**Name of Agency**

**Vehicle Accident Report Form**

|  |
| --- |
| **Employee and Vehicle Information (Vehicle #1)** |
| Employee Driver Name: | Driver License #: | Phone #: |
| Department/Division: | Supervisor Name: |
| Agency Owned VehiclePersonally-Owned Vehicle | [ ] [ ]  | Make & Model: | License Plate # |

|  |
| --- |
| **Accident Date, Time, Place** |
| Date: | Time: | AM [ ]  PM [ ]  |
| City | County | State |
| Highway Description/Street Address: |
| Photos taken: YES [ ]  NO [ ]  | Video taken: YES [ ]  NO [ ]  |
| **Those involved** |
| OTHER VEHICLE (VEHICLE #2) |
| Make & Model: | Tag No. & State |  |
| Driver Name: | DL: | Phone: |
| Address: |
| Insurance Co. | Policy No. |
| OTHER VEHICLE (VEHICLE #3) |
| Make & Model: | Tag No. & State |  |
| Driver Name: | DL: | Phone: |
| Address: |
| Insurance Co. | Policy No. |
| WITNESSES (persons seeing the accident may be of service to our driver) |
| Name: | Phone: |  |
| Address: |
| Name: | Phone: |
| Address: |
| INVESTIGATING OFFICER |
| Name | Phone: |
| Badge No. | Department: |

|  |
| --- |
| **What Happened?** |
| At what distance did you first see a hazard? (ft.) | How fast were you going?  |  MPH |
| Describe damage to:Your Vehicle –Other Vehicles –Cargo –Property –  |
| Describe in your own words the circumstances of the accident: |

|  |
| --- |
| **ACCIDENT SCENE** |
| *Fill in dotted lines to correspond with road at accident site. Show position of all vehicles, pedestrians, etc.*  |
|  |