

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: CEO-Risk Management Division

BOARD AGENDA # *B-3

Urgent Routine

AGENDA DATE January 12, 2016

CEO Concurs with Recommendation YES NO
(Information Attached)

4/5 Vote Required YES NO

SUBJECT:

Approval of the Revised Driver Authorization and Performance Policy Effective January 12, 2016

STAFF RECOMMENDATIONS:

Approve the revised Driver Authorization and Performance Policy effective January 12, 2016.

FISCAL IMPACT:

There is no financial impact related to the policy revisions contained within this agenda item.

BOARD ACTION AS FOLLOWS:

No. 2016-28

On motion of Supervisor Chiesa, Seconded by Supervisor Withrow
and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Withrow, DeMartini, and Chairman Monteith

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) _____ Denied

3) _____ Approved as amended

4) _____ Other:

MOTION:

ATTEST:


CHRISTINE FERRARO TALLMAN, Clerk

File No.

DISCUSSION:

County employees drive approximately eight million miles per year on behalf of the County. The County maintains a Driver Authorization and Performance Policy to establish the standards for safe operation of County vehicles and the use of personal vehicles within the course and scope of employment. The Chief Executive Office (CEO)-Risk Management Division administers this policy and provides support and guidance to County departments to maintain compliance with the policy.

The County's Driver Authorization and Performance Policy was previously revised by the Board of Supervisors on December 10, 2013. The recommended policy revisions are intended to simplify the administrative requirements for departments to comply with existing policy requirements and to incorporate revised policy formatting standards now in place for all County safety policies. Although the recommendations do not change the core requirements for employees operating vehicles in the course and scope of employment, the changes do allow employees and departments to streamline the process for documenting and tracking compliance with the policy standards. The CEO-Risk Management Division has worked closely with County departments to develop the recommended revisions to the policy with additional input and approval of the County Safety Board in November 2015.

The revised Driver Authorization and Performance Policy is attached to this agenda item for review. The new policy will be effective January 12, 2016, subject to final approval by the Board of Supervisors. The County Safety Board will continue to monitor and evaluate department compliance related to this policy with support of CEO-Risk Management.

POLICY ISSUE:

Acceptance of this revised Driver Authorization and Performance Policy supports the Board's priorities of Efficient Delivery of Public Services and Effective Partnerships.

STAFFING IMPACT:

There is no staffing impact associated with the receipt of this report. Staff from CEO-Risk Management will continue to administer this policy and provide support and guidance to County departments to maintain compliance with the policy.

CONTACT PERSON:

Jody Hayes, Assistant Executive Officer. Telephone: (209) 525-5714

Stanislaus County Safety Manual
DRIVER AUTHORIZATION AND PERFORMANCE POLICY

Quick Compliance - Do not drive on County business unless a completed and approved Application to Drive on Official County Business form has been submitted to Risk Management and you have received verification that you are authorized from your Department Head or designee. Maintain a California Driver's License and only drive personal vehicles if they are insured. Attend a defensive driving course within the first year of employment and every four years thereafter.

I. POLICY DESCRIPTION

This policy sets forth the minimum driver authorization requirements and driving performance standards for employees (including volunteers) driving County or privately owned vehicles on County business. It is the policy of Stanislaus County that every driver shall meet the following minimum qualifications at all times while driving on County business:

- ✓ Comply with Employee Training Standards (Appendix A)
- ✓ Provide Risk Management with a current completed Application for Authorization to Drive on Official County Business (Appendix B)
- ✓ Review policy and sign an Annual Employee Driver Acknowledgement (Appendix C)
- ✓ Maintain a valid California Driver's License and insurance for personal vehicles driven during the course and scope of employment
- ✓ Comply with the State Vehicle Code

II. REGULATIONS/AUTHORITIES

The County Risk Manager or designee will have full authority and responsibility for implementing the standards of this policy. Board of Supervisors Resolution (October 3, 1978, Revised September 4, 1979 and Revised December 10, 2013).

III. POLICY

Driver Authorization

Application for Authorization to Drive on Official County Business form (Appendix B) must be approved by the Department Head or designee in advance of any employee driving a County vehicle or privately owned vehicle within the scope of employment. At the time of authorization, the Department Head or designee will determine the driving status of the employee as follows:

Occasional Driver:

Employee drives less than once per month on average with a Class "C" license.

Frequent Driver:

Employee drives once per month or more on average with a class "C" license **or** employees who are required to maintain a class "A", "B", **or** "C" license with a Hazardous Materials endorsement.

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DRIVER AUTHORIZATION AND PERFORMANCE POLICY

Driver authorization forms shall be developed and revised as necessary by the CEO-Risk Management Division. Forms will be maintained online at www.stancounty.com/riskmgmt and may not be modified without the approval of CEO-Risk Management. Departments and labor representatives will be notified of changes to forms.

Departments shall obtain and provide Risk Management with records to confirm driver authorization eligibility in compliance with this policy, including:

- A. A completed and signed Application for Authorization to Drive on Official County Business form (Appendix B)
- B. Copy of valid California Driver's License obtained upon initial authorization to drive
- C. Copy of automobile insurance to be obtained upon initial authorization to drive (exceptions granted for employees without vehicles)
- D. Employer Pull Notice Program – Authorization for Release of Driver Record Information (frequent drivers only) (Appendix D)

Continued eligibility shall be confirmed annually by completing and electronically signing the Annual Employee Driver Policy Acknowledgement (Appendix C) for all authorized drivers. When necessary, hard copies of the acknowledgement will be accepted.

DMV Pull Notice Program

The County participates in the California Department of Motor Vehicles Pull Notice Program to monitor employee driving records maintained by DMV. Employees classified as **Frequent** drivers must complete the Authorization for Release of Driver Record Information (Appendix D) to be placed on the pull notice program with driving activity being monitored by the CEO-Risk Management Division. Risk Management will share driving activity with departments when notified of vehicle code violations, vehicle accidents or any changes in license status. Employees who are no longer driving on a frequent basis will be removed from the DMV Pull Notice Program when Risk Management is notified of this change. Employees will be informed by their department when they have been added to or removed from the DMV Pull Notice Program. Please refer to Appendix E for additional information related to commercial driving requirements for the pull notice program.

DMV printouts are confidential documents and should be handled accordingly.

Driver Performance

Employees who are required to drive in the performance of their duties shall abide by all applicable vehicle codes. Failure of an employee to drive safely may result in disciplinary action. Departments and/or safety committees shall review all employee motor vehicle accidents, including, but not limited to:

- A. Repeated Non-Serious Accidents: Two or more on-the-job, non-serious, accidents within twenty-four months. A non-serious accident is limited to property damage of less than \$1500 without bodily injury.

Stanislaus County Safety Manual
DRIVER AUTHORIZATION AND PERFORMANCE POLICY

- B. Serious Vehicle Accidents: Vehicle accident that results in injury or death, or involves a history of two or more vehicle accidents, within a thirty-six month period resulting in property damage of more than \$1500 each.

- C. Willful Misconduct or Recklessness: Any occasion where a safety committee (established under County Ordinance 2.36.00 and 2.60.00) finds the employee has demonstrated driving behavior more serious than a failure to exercise due care.

Citizen Complaints (Appendix F) shall be investigated by the County Safety Officer in the CEO-Risk Management Division who shall report his/her findings to the appropriate Department Head and safety committee. The Department Head will determine the appropriate disciplinary action in accordance with this policy. Citizen Complaints involving law enforcement will be referred to the appropriate department for an internal investigation.

County drivers may not operate cellular phones while driving except as otherwise provided by State Law (hands-free devices, law enforcement exceptions, etc.). Any hands-free cell phone use will be limited and must not compromise driving ability and driving safety at any time. It is expected that should the use of cell phones compromise safety, the driver will pull over and stop the vehicle to complete the phone call.

While public safety employees have some exemptions from this limitation under State Law, public safety employees will continue to exercise due diligence in driving in a safe manner.

Employees shall be denied driving privileges if they do not meet all of the above policy standards. Employees who fail to immediately report a suspension of their driver's license shall be subject to disciplinary action which could include suspension, demotion, or termination.

County Emergency Operations

Nothing in this Driver Authorization and Performance Policy should impede the provision of emergency assistance. If at any time an emergency conflicts with this policy, the CEO-Risk Management Division should be alerted to the situation.

IV. RESPONSIBILITIES

Each Department Head will be responsible to:

- Ensure that all supervisors and employees are aware of their responsibilities under this policy and have received training in compliance with Appendix A.

- Identify and assign the appropriate staff person(s) to maintain compliance with all provisions of this policy. By policy, the Department Safety Representative will be responsible to support and monitor all areas of policy compliance within the department. The Department Head may also assign this responsibility to other individuals within the department as necessary.

Department Head or designee shall notify the CEO-Risk Management Division whenever a previously authorized driver retires, terminates, is discharged, has a change in driving frequency (Occasional or Frequent), or driving privilege is no longer necessary for the job function. Employees will be notified

Stanislaus County Safety Manual
DRIVER AUTHORIZATION AND PERFORMANCE POLICY

when their driving authorization has been changed, other than changes due to termination of employment or retirement.

Each Supervisor/Manager will be responsible to:

- Ensure that all supervised employees are aware of their responsibilities under this Policy and have received training in compliance with Appendix A.
- Ensure that supervised employees who drive on official County business have a current completed Application for Authorization to Drive on Official County Business form (Appendix B) on file with Risk Management.

Each Employee will be responsible to:

- Obtain authorization to drive from the Department Head or designee by completing an Application for Authorization to Drive on Official County Business form (Appendix B).
- Complete County approved defensive driver training as outlined in Appendix A. Maintain a valid California driver's license for the type of vehicle(s) driven. Refer to the Driver Proficiency/Authorized Vehicles form (Appendix G) for information on vehicles that require a Class A or B license.
- Complete the Annual Employee Driver Acknowledgement (Appendix C).
- Employees who operate commercial vehicles must also read and comply with the County's Department of Transportation (DOT) policy.
- Maintain current automobile insurance with limits no less than those required by State Law. All vehicles driven within the scope of employment must be insured in accordance with State Law at all times. Employees are not required to purchase additional "business use" coverage on their existing insurance policies.
- Fully comply with the State of California Vehicle Code and standards for safe vehicle operation while driving on County or personal business.
- Review the Stanislaus County Driver Authorization and Performance Policy and acknowledge receipt and understanding of the policy (Appendix C) prior to driving on County business.
- If operating a personal vehicle, drivers will maintain their vehicle in a manner to ensure safe operation on public streets. Driving personal vehicles within the scope of employment is one option that may be available to employees based on the needs of the individual department and the availability and/or cost of alternative options (fleet vehicles or rental cars). Employees will not be required to drive their personal vehicle within the scope of employment unless they are currently receiving an auto allowance. Departments may require the use of fleet or rental vehicles based on the individual needs of the department. Additional information on the use of vehicles is located in the County Travel Policy.
- Fully comply with this policy.

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DRIVER AUTHORIZATION AND PERFORMANCE POLICY

- In the event your license has been suspended or if your personal auto insurance has been canceled, report it immediately to your supervisor.
- Driver is responsible for the vehicle. Do not leave the vehicle in an unsafe place. If the vehicle should experience mechanical failure while in your possession, please refer to Vehicle Breakdown (Appendix H) for instructions.
- Inspect vehicle prior to operation for the following:
 - o Proper equipment operation, which may include tires (including spare), fuel level, head lights, brake lights, turn signals, brake operation, etc.
 - o Vehicle Accident Report (Appendix I) in the glove compartment of the assigned vehicle. *If an Accident Report form is not in the glove compartment*, report the lack of forms to the Motor Pool, County Fleet Services or Public Works as appropriate. If driving a personal vehicle on County business, obtain a Motor Vehicle Accident Report form (Appendix I) report form to carry in your vehicle at all times.
- Wear seatbelts or restraints in the vehicle if so equipped.
- When transporting children – child restraints shall be used.
- Report accurate mileage when requesting reimbursement.
- Drive carefully and defensively.
- In the event of an accident refer to Appendix J.

Department Safety Representative or other designee will be responsible to:

- Monitor overall department compliance with this policy including training standards as provided in Appendix A and provide training compliance reports to County Risk Management as necessary.
- Review compliance reports and identify employees who may be missing a current driver authorization or may be delinquent in the annual policy acknowledgement form.

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DRIVER AUTHORIZATION AND PERFORMANCE POLICY

V. REFERENCES/RESOURCE MATERIAL/APPENDICES

- A. Employee Training Standards
- B. Application for Authorization to Drive on Official County Business
- C. Annual Employee Driver Acknowledgement
- D. Employer Pull Notice Program – Authorization for Release of Drivers Record Information
- E. Pull Notice Program - Commercial Drivers with a Class A, B & C with Hazardous Materials Endorsement
- F. Stanislaus County Citizen’s Complaint
- G. Driver Proficiency /Authorized Vehicles
- H. Vehicle Breakdown
- I. Stanislaus County Motor Vehicle Accident Report
- J. In the Event of an Accident
- K. Report of Traffic Accident Occurring in California (SR-1)

APPENDIX A
Driver Authorization and Performance Policy
Employee Training Standards

Who Must Attend	Frequency of Training	Duration	Training Resource
<p>All Full-Time, Extra-Help, Personal Services Contractors & Volunteers who drive on official County business.</p>	<p>Defensive driver training must occur:</p> <ul style="list-style-type: none"> • Initial training completed no later than the first 12 months of employment or authorization to drive. • Follow-up training at least once every four years. • Additional training within 90-days of any “at fault” vehicle accident while on County business. In the event the employee is on a leave of absence, time may be extended. This training may also act as the employee’s follow-up training required every four years. Failure to comply may result in driving privileges being suspended. <p>Departments may enforce stricter training policies based on the individual driving and training needs of the department. Failure to comply may result in driving privileges being suspended.</p>	<p>Can range from one to four hours</p>	<p>Classroom training (Risk Management)</p> <p>Law Enforcement - EVOC</p> <p>Online training (Target Solutions)</p>

Training Content

- Basic driver risk management; driving distance, correct hand position, vehicle safety inspection, handling a skidding vehicle, correct tire inflation, etc.
- Effective visual awareness
- Sharing the road
- Using speed and space effectively
- Distractions, drowsiness and emotions
- Driving in adverse conditions and driving emergencies
- The impact drugs and alcohol can have on a driver

* Authorized Drivers that complete a POST certified defensive driving course are considered to be in compliance with the County’s training requirements.



APPENDIX B APPLICATION FOR AUTHORIZATION TO DRIVE ON OFFICIAL COUNTY BUSINESS

Date of Application: _____
Add: Cancel: Change:

Employee ID#						
Name (Last)		(First)		(Middle)	AKA (Last Name)	DOB
California Driver's License		License Class	License Expiration Date		Home Address (Street) (City) (Zip Code)	
Dept and Div		Job Classification		Restrictions to License (If none, write none)		
<p>Frequency of Driving (to be completed by department)</p> <p><input type="checkbox"/> Occasional (<i>Employee drives less than once per month on average with a Class "C" license.</i>)</p> <p><input type="checkbox"/> Frequent (<i>Employee drives once per month or more on average with a class "C" license or employees who are required to maintain a class "A", "B", or "C" license with a Hazardous Materials endorsement.</i>)</p>						
<input type="checkbox"/> Insurance Verified <input type="checkbox"/> Commercial Driver's License Required for Vehicle Operation		<p>I hereby declare that I will:</p> <p>(a) Report immediately to my supervisor or department head all vehicle accidents on the job whenever I am the driver on forms provided by Risk Management.</p> <p>(b) Inform my supervisor or department head immediately in the event my driver's license is expired, suspended or revoked.</p> <p>I understand that failure to do (a) and/or (b) above may result in disciplinary action up to and including termination.</p> <p>Signature: _____</p>				
Class A or B Medical Expiration Date: _____						

APPOINTING AUTHORITY AUTHORIZATION

I hereby authorize the above named individual applicant to drive County or private vehicles in the performance of County business that is included in the driver's license class for which the individual is licensed. This authorization is automatically canceled in the event the above named individual's driver's license is expired, suspended or revoked.

(Type Name and Title) (Signature) (Date)

APPOINTING AUTHORITY CANCELLATION

I hereby cancel this authorization as of this date. (Signature) _____ (Title) _____ (Date) _____

NOTE: UPON CANCELLATION, FORWARD TO CEO-RISK MGT DIV

Copy – Department Original - CEO-Risk Management Division _____

DRIVER'S PERMIT ID CARD

Name of Authorized Driver
Driver's Department and Division:
Name and Title of Appointing Authority:
Signature of Appointing Authority:

INSTRUCTIONS

1. Appointing authority must sign and date application and ID Card.
2. Appointing authority provides copy to Risk Management and maintains a copy for Departments Records.
3. Appointing authority provides original signed copy to driver.
4. Upon cancellation, forward department's copy to Risk Management.

APPENDIX C

**Stanislaus County
Annual Employee Driver Acknowledgement**

I acknowledge that I have been provided with a copy of the County’s Driver Authorization and Performance Policy and that I understand and agree to abide by the policy while operating a vehicle on County business. I hereby acknowledge compliance with the policy for each of the following requirements:

Initials Requirement

_____ I have obtained authorization to drive from the Department Head or designee by completing the “Application for Authorization to Drive on Official County Business” (Appendix B) form.

_____ I have maintained compliance with the County approved defensive driver training requirements. Date of most recent defensive driver training course attended/scheduled: _____

_____ I have maintained a valid California driver’s license for the type of vehicle(s) driven. DL #: _____ Exp: _____

_____ I have maintained current automobile insurance with limits no less than those required by State Law. I understand all vehicles driven within the scope of employment must be insured in accordance with State Law at all times. *Copy of current proof of insurance required upon initial authorization to drive. County policy does not require employees to purchase additional “business use” coverage on their existing insurance policies.*

_____ I agree to fully comply with the State of California Vehicle Code and standards for safe vehicle operation while driving on County or personal business.

I certify that the above is true and correct. I further understand that penalties for violations of this policy may include formal disciplinary action up to and including termination.

Employee Name (Printed)

Signature

Date

APPENDIX D



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, Stanislaus County

COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY	COUNTY	STATE
	Stanislaus	CA
DATE	SIGNATURE OF EMPLOYEE	
	X	

I, _____, of Stanislaus County
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY	COUNTY	STATE
Modesto	Stanislaus	CA
DATE	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE	
	X	

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND **RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND**
MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO **NOT** RETURN THIS FORM TO DMV.

APPENDIX E
Pull Notice Program – Commercial Drivers with a
Class “A”, “B” and “C” with a Hazardous Materials Endorsement

Departments that have employees or volunteers with required class “A”, “B” and “C” licenses with a Hazardous Materials endorsement or special certificates must maintain the following records for each driver:

1. Copy of a current California driver’s license, listing certificates and/or endorsements required for the type of equipment the employee drives.
2. Copy of current medical card (original to be in the driver’s possession at all times).
3. Copy of the Motor Vehicle Report (MVR) printout, dated not more than 60 days prior to hiring, if a new hire.
4. Copy of a current MVR if there has been activity (citations, accidents, etc.). ***This is a confidential document and should be handled accordingly.***
5. Driver Proficiency Form: Supervisors shall document each driver’s ability to safely operate each vehicle type after the employee has successfully demonstrated the operation of each vehicle to the supervisor’s satisfaction. Employees shall not be authorized to drive vehicles unsupervised without the Supervisor’s written confirmation that the employee has demonstrated his/her ability to safely operate the specified vehicle. The supervisor will document the employee’s ability to operate any special equipment such as wheelchair lift(s), ramp(s), or wheelchair tie downs, etc. Driver Proficiency forms are included in Appendix G. Completed forms must contain the name of the driver, the type of vehicle and when and to whom the skills were demonstrated.
6. Daily Vehicle Inspection Reports: Supervisors shall require drivers to submit a documented and legible daily vehicle inspection report. Reports shall be carefully examined, defects shall be corrected before the vehicle is driven on the highway, and the department shall retain the reports for at least one month.
7. Driver’s Record of Duty Status: Departments shall validate drivers on duty time and driving time when operating equipment that requires a class “A”, “B” or “C” with Hazardous Materials endorsement license or other certificates.

All of the above may be requested from the departments by the CEO-Risk Management Division for purposes of showing compliance with DMV regulations when an inspection of these records is being conducted by the California Highway Patrol. The County is subject to an onsite audit bi-annually.

It is the department’s responsibility to ensure that drivers have the proper class license, required certificates and endorsements for the vehicle they operate and that medical cards are current. Medical cards are valid for up to two years. When the card expires the license reverts to a class C.

It is the department’s responsibility to notify the CEO-Risk Management Division **immediately** when a driver either upgrades a license from a class C to a class “A”, “B” or “C” with a Hazardous Materials endorsement or when an employee retires, terminates, is discharged or when the driving privileges are no longer necessary for the job functions.

APPENDIX F

STANISLAUS COUNTY CITIZEN'S COMPLAINT

Date of Incident: _____

Time of Incident: _____

County Vehicle: _____

License Plate #: _____

Make of Car: _____

Model of Car _____

Color of Vehicle _____

Type of Vehicle _____

Location: _____

Incident: _____

Name of Complainant: _____

Address: _____

Work Phone Number: _____

Home Phone Number: _____

Reported to: _____

Date: _____ Time: _____

Actual County Information:

Vehicle # _____

Assigned to: _____

Comments: _____

APPENDIX G



Stanislaus County
 CEO-Risk Management Division
 1010 10th Street Suite 5900
 Modesto CA 95354
 Phn (209)525-5710 Fax (209)525-5779




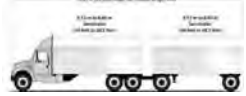







DRIVER PROFICIENCY/AUTHORIZED VEHICLES

Title 13, California Code of Regulations §1229, requires each driver to demonstrate that he/she is capable of safely operating each different type of vehicle or vehicle combination (i.e. vehicles with different controls, gauges, or size or requiring different driving skills) before driving such vehicles(s) on a highway unsupervised.

The carrier is also required to maintain a record of the different type of vehicles and vehicle combinations that each driver is capable of driving.

Please Enter Information / Checkmarks as Appropriate

_____ has demonstrated that he/she is capable of safely operating
 Driver's Name
 the following types of vehicle(s)/vehicle combinations/equipment configurations:

	<input type="checkbox"/> Single Vehicles (2 axles) <input type="checkbox"/> GVWR Less than 10,000 #s <input type="checkbox"/> GVWR 10,000 to 26,000 #s <input type="checkbox"/> GVWR over 26,000 #s	Initial _____	Airbrakes Endorsement	Initial _____
	Single Vehicle (3 axles)	_____	 Hazardous Materials Endorsement	_____
	Truck & Trailer Combination (5 axles)	_____	 Standard/Manual _____ Speed Transmission	_____
	Tractor & Semi Trailer Combination (5 axles)	_____	 Automatic Transmission (only)	_____
	Doubles (5 or 6 axles)	_____	 _____ Passenger Bus with Airbrakes	_____
	Tank Vehicle Endorsement	_____	 _____ Passenger Bus with Hydraulic Breaks	_____

Special Equipment (specify) _____

Authorized Signature _____ Date: _____

Print Name of Authorized Signer: _____ Title: _____

Department: _____

APPENDIX H

Vehicle Breakdown

	Fleet Services Vehicle	Public Works Vehicle
Hours of Operation	7:00 am – 5:30 pm	6:30 am – 5:00 pm
Phone Number	558-3653 (Monday -Friday)	525-4145 (Monday -Friday)
After Hours	Emergency Dispatch Department, 552-3911	Emergency Dispatch Department, 552-3911
Out of Area		

Contact the appropriate department and provide your telephone number and a brief description of the trouble and ask that your department be notified.

Wait by the telephone for instructions regarding you, any passengers, and the car.



APPENDIX I
STANISLAUS COUNTY MOTOR VEHICLE ACCIDENT REPORT
 CEO-RISK MANAGEMENT DIVISION FAX NUMBER 525-5779
PRIVILEGED AND CONFIDENTIAL ATTORNEY/CLIENT COMMUNICATION

Place of Accident _____ Date of Accident _____ Time of Accident _____
 Accident Investigated by Police _____ CHP _____ Sheriff _____ Investigating Officer's Name _____ Report Number _____

Vehicle Number One--County Driver (or Person Reporting) NOTE: IT IS THE DRIVERS RESPONSIBILITY TO REPORT ACCIDENTS WITH DAMAGE OVER \$ 750.00 TO DMV ON FORM SR-1

Name _____ Home Address _____
 Home Phone _____ Work Phone _____ DOB _____ California Driver's License # _____
 Employee ID # _____ Dept. _____ Job Title _____
 Car Make _____ Type _____ Year _____ County Car # _____ Car License Plate _____
 Number of passengers _____ Name of Passenger _____ Name of Passenger _____
 Describe damages _____

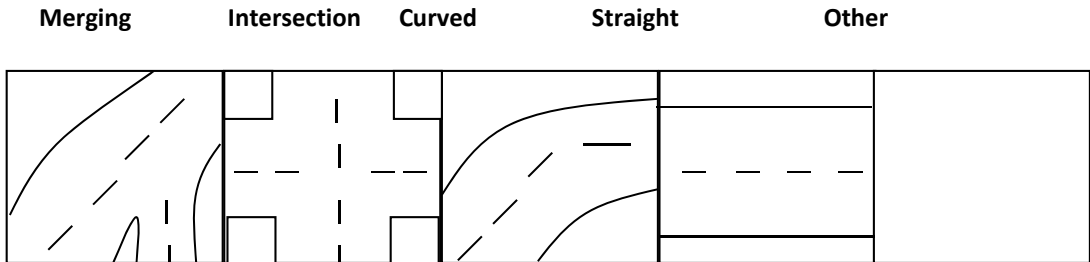
Vehicle Number Two—Other Party NOTE: REQUIRED INFORMATION INSURANCE CO. & POLICY # _____

Name _____ Home Address _____
 Home Phone _____ Work Phone _____ DOB _____ California Driver's License # _____
 Car Make _____ Type _____ Year _____ County Car # _____ Car License Plate _____
 Number of passengers _____ Name of Passenger _____ Name of Passenger _____
 Describe damages _____

Witness _____ Address _____ Phone _____
 Injured _____ Address _____ Phone _____
 Injured _____ Address _____ Phone _____

Describe how the accident happened _____

Diagram of Accident: Choose the appropriate diagram below. Number the County Vehicle as 1 and the other vehicle as 2. Show the direction of travel by arrows. Use a solid line to show the path of the vehicles before the accident and a broken line for after the accident. Show a pedestrian with a circle, railroads with tracks, give names and numbers of streets and highways, indicate which way is north, and show traffic signs and signals.



I certify this report is complete and true to the best of my knowledge.

 Driver's Signature Date

Supervisor: Check to make sure the report is complete. Review the diagram.

 Supervisor's Signature Date

APPENDIX J
IN THE EVENT OF AN ACCIDENT

- A. Notify Emergency Dispatch Department, 552-3911 (serious emergency dial 911 if outside the County, if in Stanislaus County, on a cellular phone dial 558-HELP).
- B. Request law enforcement to conduct an investigation (state you are a County Employee on County Business). In the event the law enforcement agency does not respond on scene you will need to complete a "citizen's report" with the appropriate law enforcement agency. Do not assign fault; leave that to law enforcement.
- C. Complete a County Vehicle Accident Report form including obtaining the name, address, phone number, driver's license number, license plate number, and insurance company of the other driver or property owner. If the information is refused, notify the appropriate law enforcement officer. Your vehicle should contain an Accident Report form. In a County owned vehicle they are located in the glove compartment. Complete and turn in the form to your supervisor.
- D. If you or another employee are injured, complete the On the Job Injury/Illness (OJI) Report form (obtain from your department or Risk Management). Submit all completed OJI claim forms to County Risk Management.
- E. Contact Fleet Services to report vehicle accidents that involve a County vehicle.
- F. Do not make a determination as to the extent of damage to the vehicle; leave that to Fleet Services, Public Works or your insurance company.
- G. California law requires traffic accidents on a California street/highway or private property to be reported to the Department of Motor Vehicles (DMV) within 10 days if there was an injury, death or property damage in excess of \$750. The requirement to complete the SR-1 form applies to each driver involved in a collision; regardless of who may be at fault in the accident and regardless of what type of vehicle driven (County vehicle, rental or personal vehicle). Risk Management can assist a driver involved in an accident if he/she is unsure if the damage exceeds \$750. Failure to report timely could result in DMV suspending a driver's license. Refer to the SR-1 form found in Appendix K for additional information.
- H. If operating a personal vehicle, your insurance will be primary with the County's coverage being excess for any liabilities not covered under the employee's policy. Employees will not be subject to liability for insurance deductibles for no-fault vehicle accidents (while driving or parked), or miscellaneous damage to vehicles that occurs while driving (cracked windshield, etc.). The County does not assume liability for non-accident related damages to parked vehicles (vehicle theft and related damage, door dents, etc.). Risk Management personnel can assist employees with processing insurance claims and temporary funding of deductible payments to ensure there is no financial hardship to the employee for no-fault accidents. The County will adhere to Section 557.5 of the California State Insurance Code regarding personal liability for peace officers operating their personal vehicles under the direction of their department.



**REPORT OF TRAFFIC ACCIDENT
OCCURRING IN CALIFORNIA**
READ IMPORTANT INFORMATION ON BACK

DMV USE ONLY

AS APPROPRIATE, PLEASE TYPE OR PRINT IN BOXES

	# OF VEHICLES	DATE OF ACCIDENT	ACCIDENT LOCATION - CITY/COUNTY (CALIFORNIA ONLY)				ON PRIVATE PROPERTY <input type="checkbox"/> Yes <input type="checkbox"/> No			
REPORTING PARTY'S INFORMATION	TIME OF ACCIDENT Hour <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> Parked <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other (E.G., ROLLAWAY)						DRIVING FOR EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No		
	DRIVER'S NAME (FIRST, MIDDLE, LAST)					DRIVER LICENSE NUMBER		STATE		
	DRIVER'S STREET ADDRESS							DATE OF BIRTH		
	CITY			STATE		ZIP CODE		TELEPHONE NUMBERS Wk () Hm ()		
	VEHICLE (YEAR AND MAKE)			VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER			STATE		DAMAGES OVER \$750 <input type="checkbox"/> Yes <input type="checkbox"/> No	
	VEHICLE OWNER—PERSON OR COMPANY							DATE OF BIRTH		
	ADDRESS			CITY		STATE		ZIP CODE		
	INSURANCE COMPANY NAME (NOT AGENT OR BROKER) AT THE TIME OF THE ACCIDENT					POLICY NUMBER				
	COMPANY NAIC NUMBER		POLICY PERIOD From: _____ To: _____			POLICY HOLDER NAME				
	OTHER PARTY'S INFORMATION	<input type="checkbox"/> Moving <input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> Parked <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other (E.G., ROLLAWAY)						DRIVING FOR EMPLOYER <input type="checkbox"/> Yes <input type="checkbox"/> No		
DRIVER'S NAME (FIRST, MIDDLE, LAST)					DRIVER LICENSE NUMBER		STATE			
DRIVER'S STREET ADDRESS							DATE OF BIRTH			
CITY			STATE		ZIP CODE		TELEPHONE NUMBERS Wk () Hm ()			
VEHICLE (YEAR AND MAKE)			VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER			STATE		DAMAGES OVER \$750 <input type="checkbox"/> Yes <input type="checkbox"/> No		
VEHICLE OWNER—PERSON OR COMPANY							DATE OF BIRTH			
ADDRESS			CITY		STATE		ZIP CODE			
INSURANCE COMPANY NAME (NOT AGENT OR BROKER) AT THE TIME OF THE ACCIDENT					POLICY NUMBER					
COMPANY NAIC NUMBER		POLICY PERIOD From: _____ To: _____			POLICY HOLDER NAME					
INJURY/DEATH PROPERTY DAMAGE		NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED					<input type="checkbox"/> Injured <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Deceased <input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian			
	NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED					<input type="checkbox"/> Injured <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Deceased <input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian				
	OTHER PROPERTY DAMAGED (TELEPHONE POLES, FENCE, LIVESTOCK, ETC.)							DAMAGES OVER \$750 <input type="checkbox"/> Yes <input type="checkbox"/> No		
	PROPERTY OWNER'S NAME AND ADDRESS									

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE	PRINTED NAME	SIGNATURE X
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ADDITIONAL INFORMATION ATTACHED

APPENDIX K

INSURANCE	A YOUR VEHICLE		CALIFORNIA INSURANCE INFORMATION		DO NOT DETACH	DMV FILE NUMBER
	The Department may send this part to the insurance company indicated. If not fully completed, it will be assumed you were not insured for the accident and your license will be suspended.					
	NAME OF INSURANCE COMPANY (NOT AGENCY OR BROKERAGE) THAT ISSUED THE LIABILITY POLICY COVERING THE OPERATION OF YOUR VEHICLE					
	POLICY NUMBER		POLICY PERIOD			
			From: _____ To: _____		DRIVER LICENSE NUMBER (DRIVER OF YOUR VEHICLE)	
	DATE OF ACCIDENT	IN OR NEAR (CITY OR TOWN) (CALIFORNIA ONLY)				
	VEHICLE (YEAR AND MAKE)		VEHICLE IDENTIFICATION NUMBER		VEHICLE LICENSE PLATE NUMBER	STATE
DRIVER			ADDRESS			
OWNER			ADDRESS			
FULL NAME OF POLICY HOLDER			ADDRESS			

SR 1A (REV. 9/2008) WWW

If the policy was not in effect, this form must be completed and returned to the Department within 20 days.

The undersigned company advises that with respect to the reported accident, the policy reported on the reverse side:

- WAS NOT IN EFFECT**
- Was not a liability policy Did not cover the vehicle/driver Number is not a company policy number

Policy Number _____ Policy Period from _____ to _____

Signature _____

Title _____

Date _____

MAIL TO:
 Department of Motor Vehicles
 Financial Responsibility
 P. O. Box 942884
 Sacramento, CA 94284-0884

SR 1A (REV. 9/2008) WWW

APPENDIX K

IMPORTANT INFORMATION

California law requires *traffic accidents* on a California street/highway or private property to be reported to the Department of Motor Vehicles (DMV) within 10 days if there was an injury, death or property damage in excess of \$750. Untimely reporting could result in DMV suspending a driver license. Accidents involving vehicles *not required to be registered* such as an off-road vehicle (OHV), implement of husbandry, or snowmobile or occurring on a military base or occurring on the driver's *own* property involving *only* the personal property of the driver *and* there was no injury or death are not reportable.

The law requires the driver to file **this SR-1 form** with DMV **regardless of fault**. This report must be made in addition to any other report filed with a law enforcement agency, insurance company, or the California Highway Patrol (CHP) as their reports **do not** satisfy the filing requirement. An insurance agent, attorney, or other designated representative may file the report for the driver.

The law requires every driver and every owner of a motor vehicle to be "financially responsible" for any injury or damage resulting from operating or owning a motor vehicle. The minimum insurance level for "financial responsibility" is **public liability and property damage coverage** of \$15,000 for injury or death of one person, \$30,000 for injury or death of two or more persons and \$5,000 property damage per accident. Comprehensive and collision insurance **does not meet the legal requirement**.

§1806 of the California Vehicle Code (CVC) requires the DMV to record accident information **regardless of fault** when individuals report accidents under the Financial Responsibility Law or if law enforcement agencies or CHP investigate and make a report.

WHEN COMPLETING THIS FORM...

Please print within the spaces and boxes on this form. If you need to provide additional information on a separate piece of paper(s) or you include a *copy* of any law enforcement agency report, please check the box to indicate 'Additional Information Attached'. **If you are the passenger reporting the accident**, be sure to identify yourself by using the 'other' box and stating 'passenger' in the explanation.

- Write **unk (for unknown)** or **none** in any space or box when you do not have information on the other party involved.
- Give insurance information that is complete and which *correctly and fully* identifies the **company** that *issued* the policy.
- Place the correct National Association of Insurance Commissioners (NAIC) number for your insurance company in the boxes provided. The NAIC number should be located on your insurance ID card or you can contact your insurance agent or company for the information.
- Identify any person involved in the accident (driver, passenger, bicyclist, pedestrian, etc.) who you saw was injured or complained of bodily injury or know to be deceased.
- Record in the OTHER PROPERTY DAMAGED section any damage to telephone poles, fences, street signs, guard posts, trees, livestock, dogs, etc., meeting the filing requirement, including amount. *This may require that you contact the owner of the property for an estimate of damages.*
- Once you have completed this report, please mail it to:

DEPARTMENT OF MOTOR VEHICLES
FINANCIAL RESPONSIBILITY
MAIL STATION J237
P.O. BOX 942884
SACRAMENTO, CA 94284-0884

DMV does not accept reports or take actions against non-reporting or uninsured motorists unless this SR-1 form is sent to DMV by someone involved in the accident or their designee and the report is received by DMV *within one calendar year of the accident date*.

ADVISORY STATEMENT

The accident information on the SR-1 is required under the authority of Divisions 6 and 7 of the California Vehicle Code. Failure to provide the information will result in suspension of the driving privilege. Except as made confidential by law (e.g., medical information) or exempted under the Public Records Act, the information is a public record, is regularly used by law enforcement agencies and insurance companies, and is open to public inspection. §16005 CVC limits the public record for SR-1 reports to accident involvement, but does allow persons with a proper interest (involved drivers, their employers, etc.) to receive specified information. Individuals may inspect or obtain copies of information contained in their records during regular office hours. The Financial Responsibility Section Manager, 2570 24th Street, Sacramento, CA 95818 (telephone number: 916-657-6677) is responsible for maintaining this information.