

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

DEPT: CEO-RISK MANAGEMENT DIVISION

BOARD AGENDA # \*B-4

Urgent

Routine

AGENDA DATE December 10, 2013

CEO Concurs with Recommendation YES  NO

4/5 Vote Required YES  NO

(Information Attached)

SUBJECT:

Approval of Revised Driver Authorization and Performance Policy Effective January 1, 2014

STAFF RECOMMENDATIONS:

Approve the Revised Driver Authorization and Performance Policy Effective January 1, 2014.

FISCAL IMPACT:

There is no financial impact related to the policy revisions.

BOARD ACTION AS FOLLOWS:

No. 2013-607

On motion of Supervisor Monteith, Seconded by Supervisor De Martini

and approved by the following vote,

Ayes: Supervisors: O'Brien, Monteith, De Martini and Chairman Chiesa

Noes: Supervisors: None

Excused or Absent: Supervisors: Withrow

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 CEO-Risk Management Division administers this policy and provides support and guidance to County departments to maintain compliance with the policy.

The CEO-Risk Management Division has worked closely with the County Safety Board, departments and employee labor groups to develop amendments to the County's existing Driver Authorization and Performance Policy. Recommended amendments to the policy include the following:

- The definition of driver frequency was changed from Daily, Weekly, and Occasional to Frequent and Occasional. Frequent is defined as driving on average once per month or more and will require ongoing monitoring in the DMV pull notice program.
- New policy language to clarify the availability of County vehicles for employee use.
- Clarification of employee training and documentation standards to address current inconsistencies in department administration of the policy.
- New policy language to address insurance and liability issues associated with damage to personal vehicles involved in accidents on County time.

The revised Driver Authorization and Performance Policy is attached to this agenda item for review. The new policy will be effective January 1, 2014, subject to final approval of the Board of Supervisors.

**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 the Chief Executive Office – Risk Management Division will continue to administer this policy and provide support and guidance to County departments to maintain compliance with the policy.

**CONTACT PERSON:**

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

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## **DRIVER AUTHORIZATION AND PERFORMANCE POLICY**

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- IV. DMV PULL NOTICE PROGRAM
- V. DRIVING PERFORMANCE
- VI. DRIVER RESPONSIBILITY
- VII. COUNTY EMERGENCY OPERATIONS

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COUNTY BUSINESS

APPENDIX B – DRIVER PROFICIENCY AND AUTHORIZATION

APPENDIX C – EMPLOYEE DRIVER ACKNOWLEDGEMENT

APPENDIX D – RELEASE OF DRIVER'S RECORD

APPENDIX E – CLASS C – PULL NOTICE PROGRAM

APPENDIX F – CLASS A, B & C WITH HAZARDOUS MATERIALS ENDORSEMENT –  
PULL NOTICE PROGRAM

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**STANISLAUS COUNTY  
DRIVER AUTHORIZATION  
AND PERFORMANCE POLICY**

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**I. PURPOSE**

This policy sets forth the minimum authorization requirements and driving performance standards for employees or volunteers driving County vehicles or privately owned vehicles on County business.

**II. POLICY**

It is the policy of Stanislaus County that every driver shall meet the following minimum qualifications at all times while driving on County business:

- A. Obtain authorization to drive from the Department Head or designee by completing "Application for Authorization to Drive on Official County Business" (Appendix A).
- B. Complete County approved Defensive Driving training course(s) as follows:
  - 1. Initial training completed no later than the first 12 months of employment or authorization to drive. Departments may enforce stricter training policies based on the individual driving and training needs of the department.
  - 2. Follow-up training at least once every four years.
  - 3. 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.
- C. Maintain a valid California driver's license for the type of vehicle(s) driven. Refer to the Driver Proficiency/Authorized Vehicles form in Appendix B for information on vehicles that require a Class A or B license.
- D. 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.
- E. Fully comply with the State of California vehicle code and standards for safe vehicle operation while driving on County or personal business.
- F. Review the Stanislaus County Driver Authorization and Performance Policy and

acknowledge receipt and understanding of the policy prior to driving on County business.

- G. 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.

Employees or volunteers shall be denied driving privileges if they do not meet all of the above policy standards. Employees or volunteers 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.

### **III. DRIVER AUTHORIZATION**

Authorization to Drive on Official County Business (Appendix A) must be approved by the Department Head or designee in advance of any employee or volunteer 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.

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

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](http://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 maintain records to confirm driver authorization eligibility in compliance with

this policy, including:

- Driver Authorization Form
- Copy of valid Driver's License (or equivalent DMV Pull Notice documentation)
- Copy of automobile insurance to be obtained upon initial authorization to drive and again upon the expiration and renewal of Driver's License (exceptions granted for employees without vehicles)

Continued eligibility shall be confirmed annually by signed acknowledgement for all authorized drivers (example form provided in Appendix C).

#### **IV. 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. Employees will be informed when they have been added or removed to the DMV Pull Notice Program. Please refer to Appendix E and F for additional information on the requirements for the pull notice program.

#### **V. DRIVING PERFORMANCE**

Employees and volunteers required to drive in the performance of their duties shall abide by all applicable vehicle codes. Failure of an employee or volunteer to drive safely may result in disciplinary action. Departments and/or safety committees shall review all employee and volunteer 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.
- B. Serious Vehicle Accidents: Vehicle accident that results in injury or death, or involves a history of two or more, 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 or volunteer has demonstrated driving behavior more serious than a failure to exercise due care.
- D. Citizen Complaints: 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. A Citizen Complaint form is included as Appendix G).

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

## **VI. DRIVER RESPONSIBILITY**

- A. Fully comply with this policy.
- B. In the event your license has been suspended or if your personal auto insurance has been canceled report immediately to your supervisor.
- C. 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 Appendix H for instructions.
- D. Inspect vehicle prior to operation for the following:
  - 1. Proper equipment operation, which may include tires (including spare), fuel level, head lights, brake lights, turn signals, brake operation, etc.
  - 2. 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 or County Fleet Services or Public Works. If driving a personal vehicle on County business, obtain an Accident Report form to carry in your vehicle at all times.
- E. Wear seatbelts or restraints in the vehicle if so equipped.
- F. When transporting children – child restraints shall be used.
- G. Report accurate mileage when requesting reimbursement.
- H. Drive carefully and defensively.
- I. In the event of an accident:
  - 1. Immediately contact 9-1-1 for any medical emergencies.

2. Call law enforcement and request they report to the scene if not already contacted for a medical emergency.
3. Complete a County Vehicle Accident Report form including obtaining the name, address, phone number, driver 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
4. Request a law enforcement officer prepare an accident report. 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.
5. Do not assign fault; leave that to law enforcement.
6. 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.
7. Immediately report accident to your supervisor and provide your supervisor with a copy of the written accident report when you return to the office.
8. 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.
9. Accidents that result in bodily injury and or property damage of \$750 or more must be reported, submitting a completed SR-1 form (Appendix K), to the DMV. 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 they were driving (County vehicle, rental or personal vehicle). Failure to submit a completed SR-1 form in a timely manner may result in the driver's license suspension. Please refer to Appendix J for additional information. Risk Management can assist a driver involved in an accident if they are unsure if the damage exceeds \$750.
10. In the event of an injury contact County Risk Management, seek medical treatment if necessary and complete the on the job injury and illness report forms.

## **VII. COUNTY EMERGENCY OPERATIONS**

Nothing in this Driver Authorization 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.



**APPENDIX A  
APPLICATION FOR AUTHORIZATION TO DRIVE ON OFFICAL COUNTY BUSINESS**



Date of Application: \_\_\_\_\_

Add:  Cancel:

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)		
Frequency of Driving (to be completed by department) <input type="checkbox"/> Occasional (Employee drives less than once per month on average with a Class "C" license.) <input type="checkbox"/> Frequent (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.)				
<input type="checkbox"/> Insurance Verified <input type="checkbox"/> Commercial Driver License Required for Vehicle Operation	I hereby declare that I will: (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. (b) Inform my supervisor or department head immediately in the event my driver's license is expired, suspended or revoked.			
Class A or B Medical Expiration Date: _____	I understand that failure to do (a) and or (b) above may result in disciplinary action up to and including termination. Signature: _____			

**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 individuals 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) \_\_\_\_\_

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

Copy -  Department  Motor Pool Original - CEO-Risk Management Division

**DRIVER'S PERMIT ID CARD**

Name of Authorized Driver	Expires on:
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 B



**Stanislaus County**  
 CEO-Risk Management Division  
 1010 10<sup>th</sup> 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 safety operating each different type of vehicle or vehicle combination (i.e. vehicles with different controls, gauges, or different size or requiring different driving skills) before driving such vehicles(s) on a highway unsupervised.

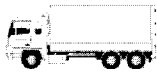




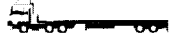





The carrier is also required to maintain a record of the different type of vehicles and vehicle combinations that each driver is capable of driving.

Please Enter Information / Checkmarks as Appropriate

\_\_\_\_\_ has demonstrated that he/she is capable

Driver's Name \_\_\_\_\_

of safely operating the following types of vehicle/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 <b>Airbrakes</b> _____
	Tank Vehicle Endorsement	_____		_____ Passenger Bus with <b>Hydraulic Breaks</b> _____

Special Equipment (specify) \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Authorized: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_

**APPENDIX C**

**Stanislaus County  
Annual Employee Driver Acknowledgement Form**

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" form.

\_\_\_\_\_ I have maintained compliance with the County approved Defensive Driving training requirements. Date of most recent Defensive Driving 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 and again upon driver's license renewal date. 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, \_\_\_\_\_ 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

DATE SIGNATURE OF EMPLOYEE X

I, \_\_\_\_\_, of \_\_\_\_\_ 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

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

### Class C – Pull Notice Program

#### FREQUENT DRIVERS

When the CEO-Risk Management Division receives an Application to Drive on Official County Business for a class “C” license holder, indicating the employee will be driving on a frequent basis, these drivers will be added to the Pull Notice Program; as well as *all* class “A” and “B” license holders and class “C” with a Hazardous Materials endorsement. Through this process (Pull Notice Program), the CEO-Risk Management Division will monitor the driving activity. Addition of a driver to the Pull Notice Program will generate an initial DMV printout. A new print out will be generated annually, and *any time there is activity on the driver’s record*. The CEO-Risk Management Division will notify employee’s department head (or representative) when notified of vehicle code violations, vehicle accidents or changes in license status.

***DMV printouts are confidential documents and should be handled accordingly.***

**APPENDIX F**  
**Class "A", "B" and "C" with a Hazardous Materials Endorsement**  
**Pull Notice Program**

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 their 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. Sample 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 driver's 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.

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 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 upgrades a license from a class C to a class "A", "B" or "C" with a Hazardous Materials endorsement. And when an employee retires, terminates, is discharged or when the driving privileges is no longer necessary for the job functions.

APPENDIX G

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STANISLAUS COUNTY CITIZEN'S COMPLAINT

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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 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		

- Contract 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.





**COUNTY MOTOR VEHICLE ACCIDENT REPORT**  
 CEO-RISK MANAGEMENT DIVISION FAX NUMBER 525-4629  
**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 \_\_\_\_\_

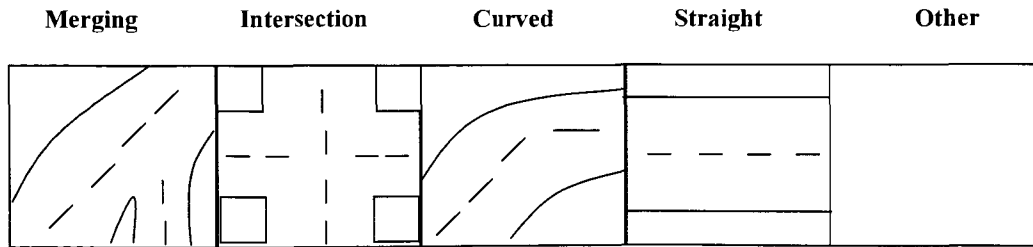
**Vehicle Number Two--Other Party NOTE: REQUIRED INFORMATION INSURANCE CO. & POLICY # \_\_\_\_\_**

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.



Revised 5/9/11

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

\_\_\_\_\_  
 Driver's Signature                      D                      ate

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

\_\_\_\_\_  
 Supervisor's Signature                      Dat                      e

Forward to CEO-Risk Management within 48 hours.  
 Notify Safety Officer in the event of injury or

APPENDIX I

## APPENDIX J

### Vehicle Collision

- 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).
- C. Due to liability issues, it is best to not make statements of fault towards any of the drivers involved in the accident.
- D. 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.
- E. If you or another employee are injured complete the On the Job Injury/Illness report form (obtain from your department or Risk Management). Submit all completed WC claim forms to County Risk Management.
- F. 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 they were driving (County vehicle, rental or personal vehicle). Risk Management can assist a driver involved in an accident if they are unsure if the damage exceeds \$750. Failure to report timely could result in DMV suspending a driver license. Refer to the SR-1 form found in Appendix K for additional information. Risk Management can assist a driver involved in an accident if they are unsure if the damage exceeds \$750.

APPENDIX K



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

DMV USE ONLY

AS APPROPRIATE, PLEASE TYPE OR PRINT IN BOXES

<b># OF VEHICLES</b>	<b>DATE OF ACCIDENT</b>	<b>ACCIDENT LOCATION - CITY/COUNTY (CALIFORNIA ONLY)</b>		<b>ON PRIVATE PROPERTY</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>REPORTING PARTY'S INFORMATION</b>	<b>TIME OF ACCIDENT</b> 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)		<b>DRIVING FOR EMPLOYER</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>DRIVER'S NAME (FIRST, MIDDLE, LAST)</b>		<b>DRIVER LICENSE NUMBER</b>	<b>STATE</b>
	<b>DRIVER'S STREET ADDRESS</b>			<b>DATE OF BIRTH</b>
	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>TELEPHONE NUMBERS</b> Wk ( ) Hm ( )
	<b>VEHICLE (YEAR AND MAKE)</b>	<b>VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER</b>		<b>STATE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>VEHICLE OWNER - PERSON OR COMPANY</b>			<b>DATE OF BIRTH</b>
	<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
	<b>INSURANCE COMPANY NAME (NOT AGENT OR BROKER) AT THE TIME OF THE ACCIDENT</b>		<b>POLICY NUMBER</b>	
	<b>COMPANY NAIC NUMBER</b>	<b>POLICY PERIOD</b> From: _____ To: _____	<b>POLICY HOLDER NAME</b>	
	<b>OTHER PARTY'S INFORMATION</b>	<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)		<b>DRIVING FOR EMPLOYER</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DRIVER'S NAME (FIRST, MIDDLE, LAST)</b>		<b>DRIVER LICENSE NUMBER</b>	<b>STATE</b>	
<b>DRIVER'S STREET ADDRESS</b>			<b>DATE OF BIRTH</b>	
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>	<b>TELEPHONE NUMBERS</b> Wk ( ) Hm ( )
<b>VEHICLE (YEAR AND MAKE)</b>		<b>VEHICLE LICENSE PLATE OR VEHICLE IDENTIFICATION NUMBER</b>		<b>STATE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>VEHICLE OWNER - PERSON OR COMPANY</b>			<b>DATE OF BIRTH</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>INSURANCE COMPANY NAME (NOT AGENT OR BROKER) AT THE TIME OF THE ACCIDENT</b>		<b>POLICY NUMBER</b>		
<b>COMPANY NAIC NUMBER</b>		<b>POLICY PERIOD</b> From: _____ To: _____	<b>POLICY HOLDER NAME</b>	
<b>INJURY/DEATH PROPERTY DAMAGE</b>		<b>NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED</b>		<input type="checkbox"/> Injured <input type="checkbox"/> Deceased
	<b>NAME AND ADDRESS OF INDIVIDUAL INJURED OR DECEASED</b>		<input type="checkbox"/> Injured <input type="checkbox"/> Deceased	<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian
	<b>OTHER PROPERTY DAMAGED (TELEPHONE POLES, FENCE, LIVESTOCK, ETC.)</b>			<b>DAMAGES OVER \$750</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>PROPERTY OWNERS NAME AND ADDRESS</b>			
	<b>I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</b>			

<b>DATE</b>	<b>PRINTED NAME</b>	<b>SIGNATURE</b> <b>X</b>
-------------	---------------------	------------------------------

ADDITIONAL INFORMATION ATTACHED

APPENDIX K

INSURANCE	<b>A YOUR VEHICLE</b>		<b>CALIFORNIA INSURANCE INFORMATION</b>		<b>DO NOT DETACH</b>	<b>DMV FILE NUMBER</b>	
	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.