



Use of University and Private Vehicles Policy Guidelines



California State University
University and Private Vehicles Policy Guidelines



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INTRODUCTION

The following represent the California State University's (CSU) policy guidelines regarding the use of vehicles on University business. Additional statements of CSU policy may be found in various Chancellor's Office memorandums issued from time to time. Questions regarding policy guidelines on the use of University and private vehicles on University business should be directed to the Office of Risk Management at (562) 951-4580.

Each campus is responsible for keeping current on any changes to CSU policy guidelines and California laws and regulations on the use of vehicles. Additionally, each campus is responsible for obtaining official driving records on its employees who use vehicles on University business from the Department of Motor Vehicles.

USE OF UNIVERSITY (CSU) VEHICLES

The campuses maintain University vehicles to provide transportation in the most effective, efficient, and safest way possible for University employees in the performance of their duties. The vehicles are to be used when cost savings can be realized. Public transportation is to be used in lieu of University vehicles when savings are thus effected.

University vehicles shall be used only in the conduct of University business. This means "only when driven in the performance of, or necessary to, or in the course of, the duties of University employment." No University officer or employee shall use, or permit the use of, any University vehicle other than in the conduct of University business.

Only University employees may drive University vehicles. The campus may not loan or lease a University vehicle to any non-state entity including CSU auxiliary organizations.

DEFINITION OF UNIVERSITY (CSU) EMPLOYEES

"University employees" are defined as those persons who have completed all prerequisites to CSU employment. This includes all CSU faculty, staff, and student assistants and persons on volunteer status (Job Class Code 0050).

Persons who are not "University employees," *are not authorized* to drive University vehicles. This includes students (unless appointed as volunteers).

Members of the Board of Trustees, as officers of the University, are authorized to drive University vehicles.

DEFINITION OF UNIVERSITY (CSU) VEHICLE

A University vehicle is defined as a motorized device for land transportation owned, leased, or rented by the University, State or any State agency.

MOTORCYCLES

Motorcycles *shall not be used* in carrying out University or State business, except for police motorcycles as approved by campus president.

PARKING

A University vehicle may be parked at the University employee's home only when the vehicle is to be used in the conduct of University or state business the same day or on the next succeeding workday as defined below.

Parking overnight at a University employee's home is permissible when an employee is departing on or returning from an official trip away from the employee's headquarters under circumstances which make it impractical for the employee to use other means of transportation, or where the employee's home is reasonably en route to or from his/her headquarters or other place where he/she is to commence work the following day. When such situation occurs, the vehicle shall be parked off the street where feasible, or where the hazards of accidental damage, theft, and vandalism are reduced.

MISUSE OF UNIVERSITY VEHICLES

The following conditions are considered to be a misuse of University vehicles:

- Driving a University vehicle without authorization by proper University officials.
- Driving without valid *California or other State* operator's license of the appropriate class for the type vehicle being driven.
- Permitting a person who is not a University employee to drive a University vehicle.
- Engaging in unsafe practices, including failure to use and to ensure that all passengers use all available safety equipment in the vehicle being operated. Safety equipment includes seat belts and/or shoulder harnesses.
- Falsification of travel logs, travel authorizations, defensive driver training program certificates, accident reports, or other forms relative to the use of the vehicle.
- Improper storage or parking of University vehicle.
- Personal use or conveying passengers other than persons directly involved with University or State business, except with the approval of employee's immediate supervisor.
- Failure to comply with any law, regulation, or policy regarding the use of University vehicles, including the requirement to have satisfactorily completed a University approved defensive driver training course.

Employees misusing University vehicles may be personally liable for damages to persons or property caused third parties and the legal expenses of defense since employees act outside of

the course and scope of their employment during the misuse. Employees who misuse are also subject to disciplinary action by the University.

CAMPUS RESPONSIBILITIES

AUTHORIZATION TO USE UNIVERSITY VEHICLES - The campus has responsibilities concerning University vehicles. Each campus management is responsible for determining who meets the qualifying definition of a University employee and who will be authorized to drive on official University or State business and the types of vehicles they are qualified to use.

CONTROL - It is necessary for the campus to establish one point of control in order to:

- Fulfill the maintenance, safety and seat belt requirements.
- Control usage in accordance with Federal, State of California, CSU, and campus laws, regulations, policies, and procedures.
- Verify and maintain all required logs.
- Ensure prompt reporting of motor vehicle accidents and a post-accident review by a safety coordinator and/or supervisor (this includes completion of the Supervisor's Report of Vehicle Accident, STD 274 – Appendix A-4).
- Issue instructions and guidelines and clarify all relevant laws, regulations, policies, and procedures.

USAGE VIOLATIONS - It is the responsibility of the campus to control and regulate misuse. When misuse is discovered, it is the responsibility of the campus to determine the cost and send notification to the Executive Vice Chancellor/Chief Financial Officer and the Vice Chancellor for Human Resources.

Recovery of the cost of misuse is not to be considered a disciplinary action. The campus administration will determine what disciplinary action, if any, is appropriate.

CRITERIA FOR USAGE - The campus control office must determine that the following criteria have been met before releasing a University vehicle to an employee or authorizing an employee to use a private or personal vehicle on official University or State business:

- The person requesting vehicle use is, in fact, a University employee *in active, State-funded pay status or in Job Class Code 0050.*
- Written approval of the use has been given by an individual authorized by the president to grant such approval.
- The campus has requested a copy of the person's driving record from the Department of Motor Vehicles at least once every four years and it is judged by the campus that the person has a good driving record.
- The person has satisfactorily completed a CSU approved defensive driving course and

maintains a good driving record. If the person has not completed such a course, a nonrenewable, temporary permit to drive a University, private or personal vehicle that is valid only until the next course is offered locally may be granted. A person who drives no more often than once a month need not complete such a course.

- The person has a valid California or other State driver's license in his/her possession. The driver's license is of the correct class for the type of vehicle he/she is driving.
- A visiting Professor from another country here for more than six months must have a valid United States driver's license in their possession in order to drive a State vehicle. Anyone who does not have a valid United States driver's license should contact the Office of Risk and Insurance Management in Sacramento.
- The campus has ensured that the driver is familiar with all applicable changes to the California Vehicle Code.
- The following certification shall be required before an employee is authorized to drive a University vehicle or private vehicle on University or State business. This certification shall be made each time the employee accepts the keys to a University vehicle from the control office.

"I am in possession of a valid California or other State driver's license. I certify that I have not been issued more than three moving violations or have been responsible for more than three accidents (or any combination of more than three thereof) during the past twelve month period."

Signed: _____

DRIVING RECORD - When driving records raise doubt as to a person's ability to drive safely, permission to drive on University and State business should be declined. When a person has been involved in accidents or has received traffic citations in such numbers or of such gravity as to be a matter of concern, his/her driving record must be obtained from the Department of Motor Vehicles for re-evaluation. Similar action must be taken if there are other indications of driving problems and/or the control office concludes that the driver should be re-examined. Continuation of authority to drive on University or State business depends upon evaluation of the report from the Department of Motor Vehicles.

AUTHORIZATION TO USE PRIVATELY OWNED VEHICLES - Management at each campus has the responsibility for authorizing persons to drive privately owned vehicles to conduct official University or State business. This responsibility may be delegated to the lowest practical supervisory level at which proper controls can be exercised.

Before a person may be authorized to use a privately owned vehicle to conduct University or State business, the person must certify in writing that the vehicle used will always be:

- Covered by liability insurance in at least the following amounts:
 - \$15,000 for personal injury to, or death of, one person,
 - \$30,000 for personal injury to two or more persons in one accident, and
 - \$5,000 for property damage;
- Adequate for the work to be performed;

- Equipped with safety belts in operating condition; and
- In safe mechanical condition as required by law.

This certification will be recorded on Std. Form 261, Authorization to Use Privately Owned Vehicles on University or State Business. (See Appendix A-1)

The completed authorization form shall be retained by the supervisor empowered to approve the use of privately owned vehicles.

Authorization forms will be valid for a period not to exceed one year. Once completed, Std. Form 261 may be initialed and dated annually by the employee to certify that it is current. (See Appendix page A-1)

The supervisor shall verify that there is a fully executed current authorization form on file before signing a Travel Expense Claim, Std. Form 262 (Appendix A-2), for the claimant. This will assure that the person is aware that the coverage must be provided by the person's insurance rather than through any State sponsored insurance program. The person's signature on the Travel Expense Claim shall certify that the minimum insurance and safety requirements were in effect and had been properly recorded before the privately owned vehicle was used.

Each person who plans to drive a privately owned vehicle should be aware that the liability coverage maintained by the State is only applicable to that liability of the person which is over and above the liability insurance maintained by the person. Further, the State may be liable for damage for use of a motor vehicle by a State employee acting within the scope of State employment (Vehicle Code Section 17001).

The normal practice of insurance carriers is to allow the occasional use of privately owned vehicles on business trips without an increase in premium rates. If the privately owned vehicle is used consistently on State business, the person should contact the insurance carrier who may change the premium class with a corresponding increase in premium rate.

INFORMATION TO BE PROVIDED TO THE DRIVER - The control office is responsible for providing the driver of a University vehicle with the following information:

- The procedures for emergency repair and for reporting accidents.
- Proper storing and parking procedures for University vehicles.
- The correct gasoline and oil to be used in the vehicle.
- What constitutes misuse, including failure to use seat belts and/or shoulder harnesses.
- That monthly logs must be filled in completely for each trip, regardless of the duration, miles driven, or the purpose; if the trip is longer than one day, a new entry for each day must be made.
- That all necessary documents are in the glove compartment of each vehicle. (It is the responsibility of the control office to insure that a current copy of all necessary handbooks, accident report forms (STD 269 – Appendix A-3, and travel logs, etc., are in the glove compartment of each University vehicle.)

- That dogs may not be transported in University vehicles, with the exception of a seeing-eye or service dog accompanying a passenger.
- That University employees may not pick up hitchhikers in a University vehicle.

The campus control center may decide upon further restrictions for which the employee driver will be equally responsible.

CHARGE CARDS - The same review for using University vehicles must be made by the campus before issuing General Services Charge Cards, since the charge card permits access to vehicles in the State motor pools and rental vehicles.

NOTE: Only the General Services (blue) charge card or the State of California American Express card should be used to rent vehicles from rental car agencies with whom the State has a contract. Use of these cards activates liability coverage provided by the rental car company as part of its agreement with the State of California. Use of other charge cards will result in the employees personal coverage being used as primary coverage, with the State Vehicle Liability Program as secondary coverage.

CREDIT CARD PURCHASES - The campus business office must review credit card purchases and insure that unauthorized purchases are recovered.

REMINDER STICKERS - Cars are to have reminder stickers in appropriate locations for such purposes as ensuring use of seat belts, use of appropriate oil and gasoline, non-smoking, etc.

MOTOR VEHICLE ACCIDENTS - University employees involved in an accident while driving a State-owned vehicle, or a privately owned vehicle on official University or State business, will make no comment or statement regarding the accident to anyone except police, other State officers or employees, or an identified representative of the State's contract adjuster.

Subsequent to any accident involving a University or State-owned, or rental vehicle, or a privately owned vehicle driven on official University or State business, all communications regarding claims, including summons and complaints, must be forwarded immediately to the Office of General Counsel in the Chancellor's Office and the Office of the Attorney General of the State of California, with a copy to the Office of Risk and Insurance Management, Department of General Services for disposition. The transmittal letter should include the date and place of service, together with any other pertinent information.

REPORTING VEHICLE ACCIDENTS - The driver of a University or State-owned or rental vehicle involved in an accident will record all pertinent information on the Accident Identification Card, Std. Form 269 (Appendix A-3), before leaving the scene of the accident. If another vehicle is involved, the appropriate portion of the Std. Form 269 (Appendix A-3) will be detached and given to the driver of the other vehicle. Blank Accident Identification Cards should be found in the glove compartment of each State-owned vehicle.

All vehicle accidents which result in injury to any person other than University employees, or which involve serious damage to the property of others must also be reported immediately by telephone (916-376-5300) or FAX (916-376-5277) to the State Office of Risk and Insurance Management in Sacramento.

Additional instructions are shown on the Std. Form 269 (Appendix A-3). University employees involved in a vehicle accident will comply with those instructions and retain the card for review by the supervisor and as an aid to the completion of other accident reporting forms. (Std. Form 270 – Appendix A-4)

REPORT OF VEHICLE ACCIDENT, STD. FORM 270 (Appendix A-4) - All motor vehicle accidents involving a State-owned vehicle or any vehicle being used on State business must be reported within 48 hours to the Office of Risk and Insurance Management (ORIM) at 707 Third Street, First Floor, Sacramento, CA 95798-9052, utilizing Standard Form 270, Report of Vehicle Accident (Appendix A-4).

If the accident resulted in bodily injury or significant property damage to a non-state party, the accident must be first reported by telephone at (916) 376-5300 or by a preliminary copy of the STD. Form 270 (Appendix A-4) sent by FAX at (916) 376-5277.

Reporting the accident by telephone or FAX does not replace the need to send the STD. Form 270 within 48 hours.

If an accident involving bodily injury or significant property damage occurs on a weekend, call (916) 376-5295 and leave a voice mail message. The caller will be contacted on the next business day for more details.

For Department of General Services, Office of Fleet Administration “pool” vehicles only, a STD. Form 269 (Appendix A-3), Accident Identification Card, and a STD. Form 270 (Appendix A-4) can be found in the glove compartment.

The ORIM has contracted with a private adjusting company to conduct accident investigation and adjusting services upon the ORIM's request. Employees contacted by a representative of this contractor may verify that they have been retained by ORIM by calling (916) 376-5300.

If an accident occurs that results in bodily injury and/or significant property damage to a State or non-state party, in addition to the reporting to ORIM, a copy of the report should also be forwarded to the Office of General Counsel and the Office of the Risk Management in the Chancellor's Office.

When a State vehicle is struck while parked unattended and the damage is under \$1,000.00, and the name (or license number) of the party causing the damage is unknown, no Std. Form 270 (Appendix A-4) need be completed; in similar cases where the damage is over \$1,000.00, the custodian of the vehicle will complete only that portion of Std. Form 270 (Appendix A-4) listing identification of custodian and vehicle, location, and time damage probably occurred, and signature.

The immediate supervisor who authorized or permitted the employee to use the vehicle will ensure that the employee completes the Std. Form 270 (Appendix A-4) or will do it for him/her if the employee is unable to do so. The supervisor will also inform the Auto Liability Self Insurance Unit (Office of Risk and Insurance Management) when the employee is unable to do so. (See SAM Section 2440 for other responsibilities of the supervisor in regard to vehicle accidents.)

DISTRIBUTION OF STD. FORM 270 (Appendix A-4) - The completed Std. Form 270 (Appendix A-4) is distributed in one of three ways depending upon the type of vehicle in use by the University employee at the time of the accident. Distribution will be as follows:

STATE POOL VEHICLE - Where a State pool vehicle is involved, the University will send the original of Std. Form 270 (Appendix A-4) to the Office of Risk and Insurance Management, Department of General Services, and a copy to the State garage from which the vehicle was dispatched. The garage copy is required to show what vehicle repairs are necessary. A copy should be forwarded to the Campus Vehicle Coordinator to be used to compile statistical reports and to use in accident prevention activities. The campus will be notified of the total cost of repairs. This information may be used to obtain reimbursement from a University employee driver when misuse of the vehicle is involved.

CSU-ASSIGNED STATE VEHICLE AND CSU-OWNED VEHICLE -For CSU-assigned State vehicles, the CSU will send the original Std. Form 270 (Appendix A-4) to the Office of Risk and Insurance Management, Department of General Services; additional copies will be retained for campus and Chancellor's Office use and accident statistics required by the Governor's Safety and Workers' Compensation Program.

Note: The STD Form 270 (Appendix A-4) is now available on the ORIM website: www.orim.dgs.ca.gov (click on publications).

PRIVATELY OWNED VEHICLES - An accident that involves a privately owned car or commercial automobile rental being driven on University or State business will be reported on Std. Form 270 (Appendix A-4). The report should be clearly marked "Privately Owned Vehicle Involved" or "Rental Vehicle."

The original of the form should be sent to the Office of Risk and Insurance Management, Department of General Services; a copy is retained by the campus with an additional copy retained by the University employee-driver.

SUPERVISOR'S REVIEW - The supervisor of each driver involved in an accident will take the following actions:

- Investigate each accident promptly and thoroughly.
- The immediate supervisor who authorized or permitted the employee to use the vehicle will ensure that the employee completes the Std. Form 270 (Appendix A-4) or will do it for him/her if the employee is unable to do so. The supervisor will also inform the Auto Liability Self Insurance Unit (Office of Risk and Insurance Management) when the employee is unable to do so. (See SAM Section 2440 for other responsibilities of the supervisor in regard to vehicle accidents.)
- Prepare a Supervisor's Review of State Driver Accident, Std. Form 274 (Appendix A-5), or an equivalent report. (It is recommended that the agency copy of the completed Std. Form 270 - Appendix A-4 be used for reference when preparing a Std. Form 274 – Appendix A-5.)
- Initiate any appropriate corrective action, verbal or written, and record corrective action taken in departmental personnel records.
- Forward copies of the completed form as directed by campus administration.

The purpose of Std. Form 274 (Appendix A-5 or equivalent report) is to aid in preventing University employee driver accidents. It will be used to determine if the accident was avoidable and what actions the driver should have taken to avoid the accident. It will also be used to determine specific needs for accident prevention training and in the establishment of administrative policy.

USE OF POLICE ACCIDENT REPORTS - A supervisor who is investigating a University or State vehicle accident is an "interested party" and is entitled to read, and make notes from, police reports. Such reports will usually be on file within 48 hours at the office of the police agency that has jurisdiction over the place of the accident. For accidents occurring outside incorporated areas, contact the California Highway Patrol; for those within cities, contact the local police department.

Copies of University vehicle reports made by the Highway Patrol may also be obtained by written request to the California Highway Patrol, nearest to the accident scene. There is no charge for this service. If the investigating supervisor thinks it advisable, he/she may contact the investigating officer through the Highway Patrol Area Commander, or through the office in charge of the local police department traffic unit.

MOTOR VEHICLE LIABILITY INSURANCE – A Vehicle Liability Self Insurance Claims Unit has been established within the State Office of Risk and Insurance Management, Department of General Services, to respond to claims of bodily injury and/or property damage of others, which occur during University use, operation or maintenance of self-propelled land vehicles. Evaluation and payment of claims will be made by the Office of Risk and Insurance Management following statutory provisions of Sections 17000 and 17001 of the California Vehicle Code and other laws applicable to claims against the State of California. This program protects any officer or employee of the University against all *motor vehicle liability* claims while operating a State-owned vehicle in the course and scope of employment.

When university employees rent a vehicle under the State of California car rental agreement negotiated by the State, they are covered by an insurance policy provided by the car rental agency as a provision of the State contract. Employees who are involved in an accident while driving a State contract rental car must complete the Standard Forms 270 (Appendix A-4) and 274 (Appendix A-5).

An employee's personal automobile insurance policy is the primary coverage for liability and damages in the event of an accident while on State business under the following circumstances:

- The employee has failed to obtain a "non-availability" slip from the State contract vehicle agency before proceeding to a non-state contract rental agency.
- The employee is driving his/her personal vehicle (whether or not a motor-pool vehicle was available).
- The employee has rented a vehicle from an agency other than the State vehicle contract agency.

An employee may seek relief from out-of-pocket expenses such as deductibles from the Victims Compensation and Government Claims Board (formerly known as the Board of Control).

The Vehicle Liability Self Insurance Unit does not provide for loss or damage to vehicles owned by the CSU or State or to privately owned vehicles used on CSU or State business. It is designed to provide reimbursement to third parties only (when an accident is the fault of the State driver) and not State or University employees, their vehicles and University and State vehicles.

Claims paid by private insurance for accidents to privately owned vehicles while being operated on University or State business are not reimbursable from CSU or State funds.

The Office of Risk and Insurance Management has agreed to pursue the party responsible for the accident to recover the CSU's costs of repairs. Copies of the repair invoices, and any other expenses, should be forwarded as soon as possible to their office at 707 Third Street, First Floor, Sacramento, California 95798-9052, Attn: Claims Manager.

REPAIRS TO CSU-OWNED VEHICLES - Whenever possible, minor repair of CSU-owned vehicles will be performed in campus automotive service shops. NOTE: The campus Vehicle Inspector's approval is required on any repair where the parts costs exceed \$350 or when replacement of the vehicle may be a consideration.

For commercially performed repairs which will cost \$350 or more, three estimates must be obtained. (If three estimates are not obtainable, an explanation should be retained in the vehicle repair file.) Preferably, one of the estimates should be from an authorized dealer for the make involved.

Estimates will quote flat rates on labor for parts replacement and net prices on parts, when applicable, for comparable jobs or job elements. Where parts are to be repaired or straightened rather than replaced, estimated time costs are acceptable. All costs must be itemized.

Each estimate will be submitted in triplicate to the campus Vehicle Inspector, who will make the award to the estimator who has included all the work required to repair the vehicle, not necessarily the lowest bidder. If hidden damage is found after the vehicle has been dismantled, the inspector may authorize any necessary additional cost.

The accepted estimate is distributed as follows:

- The original is attached to the invoice.
- One copy is retained in the campus vehicle repair file.
- In accident cases, a copy is furnished to the Office of Risk and Insurance Management, Department of General Services.

WARRANTY INSPECTION AND REPAIRS - All CSU-owned vehicles should be inspected for parts that show defects in material and/or workmanship in time to take full advantage of manufacturer's warranty replacement provisions before their expiration. The Owner's Manual supplied with each new vehicle contains the warranty coverage for that vehicle. The first 12,000-mile preventive maintenance service should be performed prior to expiration of warranty, i.e., before the speedometer has reached 12,000 miles or the vehicle has been in service one year, whichever comes first.

Manufacturers occasionally initiate changes during the model year to be applied retroactively. When notified of such changes, the campus shall ensure that they are made by the authorized dealer at no cost to the CSU.

OPERATOR INSPECTION - The operator of a vehicle also has an obligation to inspect the vehicle before driving it. The vehicle should be checked visually to assure that such items as the tires are in good condition and adequately inflated, that the side-view mirror is usable, that there is a gas cap, spare tire, and a jack. The brakes, lights, and other controls should be tested for satisfactory performance.

Problems noticed by the operator while using the vehicle should be noted on a Trip/Daily Operator Checklist, which should be kept in the vehicle.

Cooperation of the operators of CSU vehicles is an important supplement to the routine periodic inspections, as it helps forestall problems during subsequent use and helps minimize maintenance problems.

APPENDICES



March 2002

Appendix A-1

STATE OF CALIFORNIA
**AUTHORIZATION TO USE PRIVATELY OWNED
 VEHICLES ON STATE BUSINESS**
 STD. 261 (REV. 3-95)

This approval must be renewed annually.
 Supervisor: Retain Original Copy

I. CERTIFICATION

In accordance with State Policy (S.A.M. 0753 & 0754) approval is requested to use privately owned vehicles to conduct official State business. I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:

1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage). Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.
2. Adequate for the work to be performed.
3. Equipped with safety belts in operating condition.
4. To the best of my knowledge, in safe mechanical condition as required by law.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

I further certify that, while using a privately owned vehicle on official State business, all accidents will be reported on form STD. 270 within 48 hours (S.A.M. 2441).

I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED

II. APPROVAL

Use of a privately owned vehicle on State business is approved.

APPROVING AUTHORITY SIGNATURE	TITLE	DATE APPROVED
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III. RENEWAL

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
----------------------	-------------------------------	---------------

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
----------------------	-------------------------------	---------------

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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Appendix A-2

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM
 STD. 242 (REV. 6/93)

**See Instructions and "Privacy
 Statement On Reverse Side"**

Page _____ of _____ Pages

CLAIMANT'S NAME _____ SBAN OR EMPLOYEE NUMBER _____ DEPARTMENT _____
 DIVISION OR BUREAU _____ INDEX NUMBER _____
 POSITION _____ CBID NUMBER _____ HEADQUARTERS ADDRESS _____ TELEPHONE NUMBER _____
 RESIDENCE ADDRESS _____ STATE _____ CITY _____ ZIP CODE _____
 CITY _____ STATE _____ CITY _____ ZIP CODE _____

(1) MONTH/YEAR	(2) DATE	(3) TIME	(4) LOCATION WHERE EXPENSES WERE INCURRED	(5) LODGING	MEALS		(6) O.T., LIT., TRAVEL, OR BREAKFAST	(7) INCIDENTALS	(A) COST OF TRANS.	TRANSPORTATION			(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
					BREAK-FAST	LUNCH				(B) TYPE USED	(C) GARBAGE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES		
Subtotals				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(10) SUBTOTALS													\$	0.00

CLAIM TOTAL

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) _____

 (12) NORMAL WORK HOURS _____
 (13) PRIVATE VEHICLE LICENSE NUMBER _____
 (14) MILEAGE RATE CLAIMED _____

**AGENCY ACCOUNTING OFFICE
 USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER _____

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with CPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the maximum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAAI Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE _____ DATE _____

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT _____ DATE _____

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See item 17 on reverse) _____ DATE _____

STATE OF CALIFORNIA
TRAVEL EXPENSE CLAIM
STD. 262 (REV. 6-93)

INSTRUCTIONS

Expense accounts are to be submitted at least once a month and not more often than twice a month, except where the amount claimed is less than \$10, the claim need not be submitted until it exceeds \$10 or until June 30, whichever occurs first. Requests for reimbursement of out-of-state travel expenses must be claimed separately. Requests for reimbursement of travel expenses which are incurred in different fiscal years must be claimed separately. A brief statement, one line if possible, of the purpose or objective, of the trip must be entered on the line immediately below the last entry for each trip. If the claim is for several trips for the same purpose or objective, one statement will suffice for those trips. Vouchers which are required in support of various expenses must be arranged in chronological order and attached to the claim. Each voucher must show the date, cost, and nature of the expense.

MULTIPLE PAGES—If your claim is more than one page, indicate page number and total number of pages. DO NOT total each page. Use subtotals and enter the total amount of the claim on the last page of the claim in the space for "TOTALS" and "CLAIM TOTAL."

COLUMN ENTRIES

- (1) **MONTH/YEAR**—Enter numerical designation of month and last two digits of the year in which the first expense shown on the form were incurred.
- (2) **DATE/TIME**—Enter date and time of departure on the appropriate line using twenty-four-hour clock (example: 1700 = 5:00 p.m.). Show time of departure on date of departure, show time of return on the date of return. If departure and return are on the same date, enter departure time above and return time below on the same line. Where the first date shown is a continuation of trip, enter "Continuing" above that date, and where a trip is continuing beyond the last date shown, write "Continuing" above that date.
- (3) **LOCATIONS WHERE EXPENSES WERE INCURRED**—Enter the name of the city, town, or location where expenses were incurred. Abbreviations may be used.
- (4) **LODGING**—Enter the actual cost of the lodging not to exceed the maximum amount authorized by current Department of Personnel Administration (DPA) regulations, bargaining agreements and detailed in the State Administrative Manual (SAM) Sections 0721 to 0724. A receipt is required for any expenditure of \$25 or more.
- (5) **MEALS**—Enter the actual cost of each meal not to exceed the maximum amount for each meal authorized by current DPA regulations, bargaining agreements and detailed in SAM Sections 0761 to 0763. Dinner columns is to be used to claim dinner on regular travel, overtime meals, and 0761 to 0763. Dinner columns is to be used to claim dinner on regular travel, overtime meals, and long term, noncommercial and relocation daily meal expenses.
- OVERTIME MEAL AND BUSINESS RELATED MEAL**—Enter the actual cost of the meal not to exceed the maximum amount authorized by current DPA regulations, and bargaining agreements. Refer to DPA Management Memos for receipt requirements.
- (6) **INCIDENTALS**—Enter the total actual cost of incidentals not to exceed the maximum amount authorized by current DPA regulations and agreements.
- (7) **TRANSPORTATION**—Purchase the least expensive round-trip or special rate ticket available. Otherwise the difference will be deducted from the claim. If you travel between the same points without using round-trip tickets, an explanation should be given.
- (8) **COST OF TRANSPORTATION**—Enter the cost of cash purchase of transportation. Show how transportation was obtained if fare was not purchased for cash. Use "CC" for credit card and "C" for cash. If transportation was paid by the State, enter method of payment only. Use "SCC" for State credit card, "TO" for ticket order or "BSA" for billed to State agency. Attach all passenger coupons and ticket order stubs including the unused portion of tickets, other all passenger coupons and premiums, where credits or refunds are due to the State.
- (9) **TYPE OF TRANSPORTATION USED**—Enter method of transportation used. Use "R" for railway, "B" for bus, airporter, light rail, or BART, "A" for scheduled commercial airline, "RA" for rental aircraft, "DA" for department-owned aircraft, "PA" for privately owned aircraft, "PC" for privately owned car, truck or other privately owned vehicles, "SV" for specially equipped vehicle for the handicapped, "SC" for State vehicles, "RC" for rental motorcycle on official State business, and "BI" for bicycle. Supervisors shall not authorize the use of motorcycles on official State business, and no reimbursement will be allowed for motorcycles.
- (C) **CAR FARE, TOLLS, AND PARKING**—Enter carfare, bridge tolls, and parking charges; attach a voucher for any parking charge in excess of \$6.00 for any one continuous period of parking.
- (D) **PRIVATE CAR USE**—Enter number of miles traveled and amount due for mileage for the use of privately owned automobiles as authorized by current agreements, regulations, and detailed in SAM Section 0754.
- (E) **BUSINESS EXPENSE**—Claims for phone calls must include the place and party called. If charge exceeds \$25.00, support by vouchers or other evidence. Emergency purchases of equipment, clothing or supplies travel expenses of inmates, wards or patients of institutions, and all other charges in excess of \$1.00 require receipts and an explanation.
- (9) **ENTER TOTAL EXPENSES FOR DAY**
- (10) **ENTER SUBTOTALS OR TOTALS**
- (11) **PURPOSE OF TRIP, REMARKS OR DETAILS**—Explain need for travel and any unusual expenses. Enter detail or explanation of items in other columns, if necessary. Vouchers must be provided for any miscellaneous items of expense.
- (12) **NORMAL WORK HOURS**—Enter your beginning and ending normal work hours using twenty-four-hour clock (example: 0600 = 6:00 a.m.).
- (13) **PRIVATE VEHICLE LICENSE NUMBER**—Enter license number of the privately owned vehicle used on official State business. To claim reimbursement, you must have met the requirements as prescribed by SAM Sections 0751, 0752 and 0753 pertaining to operator requirements, vehicle safety, seat belt usage and authorization.
- (14) **MILEAGE RATE CLAIMED**—Enter the rate of reimbursement being claimed for private vehicle use.
- (15) **CLAIMANT'S CERTIFICATION AND SIGNATURE**—Your signature certifies that expenses claimed were actually incurred and that the cost of operating the is as at or above the rate claimed.
- (16) **SIGNATURE OF OFFICER APPROVING PAYMENT**—Certifies and authorizes travel approval expenses as incurred on State business.
- (17) **SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES**—When a claim for conference or convention expense under Section 599.635 of the DPA regulations and detailed in SAM Section 0724 is included, or when reimbursement of a business expense exceeds \$25.00 or when reimbursement for Bar dues or license fees is included, the signature of the approving officer is required, either on a separate document attached to this claim or by signature in this block.

*** PRIVACY STATEMENT**

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that the following notice be provided when collecting personal information from individuals.

AGENCY NAME: Appointing powers and the State Controller's Office (SCO), the Audits Division, SCO, 3301 C Street, Room 404, Sacramento, CA 95816.

UNITS RESPONSIBLE FOR MAINTENANCE: The accounting office within each appointing power and the Audits Division, SCO, 3301 C Street, Room 404, Sacramento, CA 95816. These sections allow the Department of Personnel Administration (DPA) to establish rules and regulations which define the amount, time, and place that expenses and allowances may be paid to representatives of the State while on State business.

AUTHORITY: The reimbursement of travel expenses is governed by Government Code Sections 19815.46d, 19816, and 19820. These sections allow the Department of Personnel Administration (DPA) to establish rules and regulations which define the amount, time, and place that expenses and allowances may be paid to representatives of the State while on State business.

PURPOSE: The information you furnish will allow the above-named agencies to reimburse you for expenses you incur while on official State business.

OTHER INFORMATION: While your social security account number (SSAN) and home address are voluntary information under Civil Code Section 1798.17, the absence of this information may cause payment of your claim to be delayed or rejected. You should contact your department's Accounting Office to determine the necessity for this information.

Appendix A-3

STATE OF CALIFORNIA
ACCIDENT IDENTIFICATION
 STD. 269 (Rev. 1/96)

IMPORTANT

Complete entries below, detach this card and give to other driver who may need information for financial responsibility form.

DRIVERS FULL NAME AND WORK TELEPHONE NUMBER _____

DRIVER'S LICENSE NUMBER _____

DEPARTMENT EMPLOYED BY _____

DATE AND LOCATION OF ACCIDENT _____

YEAR AND MAKE OF STATE VEHICLE _____

LICENSE NUMBER OF STATE VEHICLE _____

Ⓢ ANY INQUIRY REGARDING ACCIDENT MAY BE ADDRESSED TO

OFFICE OF RISK AND INSURANCE MANAGEMENT
 DEPARTMENT OF GENERAL SERVICES
 1325 J STREET, SUITE 1800 (916) 322-0459
 SACRAMENTO, CA 95814 1-800-900-3634 Toll Free
 Internet: claims@dgs.ca.gov

STATE OF CALIFORNIA
REPORTING AUTOMOBILE ACCIDENTS

The State administers a vehicle liability self-insurance program against loss for personal injury and property damage to others. The program protects any officer or employee of the State while operating a state-owned vehicle while on official business.

All vehicle accidents which in any way involve personal injury or property damage to others **must be reported within 48 hours** on Report of Vehicle Accident form STD. 270. The completed report must be signed by the operator and approved by his or her supervisor.

Accidents resulting in any **injury** to persons other than employees, or involving **serious damage to the property** of others, must be reported **immediately** by telephone to the Office of Risk and Insurance Management or an **advance copy of STD. 270 may be faxed to the ORIM.**

DO NOT DISCUSS ACCIDENT WITH ANYONE EXCEPT:

- Investigating Traffic Officers
- Your Superiors
- Authorized State Officers
- State's Insurance Adjustors

Subsequent to any accident involving a State vehicle, all communications, forms, including Summons and Complaint, must be forwarded to the Department of General Services, Office of Risk and Insurance Management, Sacramento. Transmittal letter should include date and place of service together with any other pertinent information, including name of person or agency served and date of service.

COMPLETE ENTRIES ON ACCIDENT IDENTIFICATION CARD—DETACH AND GIVE TO OTHER DRIVER

IMPORTANT

ASK NAMES AND ADDRESSES OF WITNESSES FIRST

1. NAME _____ PHONE _____
 ADDRESS _____

2. NAME _____ PHONE _____
 ADDRESS _____

3. NAME _____ PHONE _____
 ADDRESS _____

INJURED PERSONS

NAME _____ AGE _____
 PHONE _____
 ADDRESS _____

HOSPITAL TAKEN TO _____ AGE _____
 NAME _____
 ADDRESS _____ PHONE _____

HOSPITAL TAKEN TO _____

OTHER VEHICLE

LICENSE _____ YEAR _____ MAKE _____

REGISTERED OWNER _____ CITY _____
 ADDRESS _____

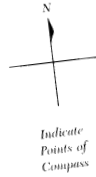
DRIVER'S NAME _____ CITY _____
 ADDRESS _____

OPERATOR'S LICENSE NUMBER _____ EXPIRATION DATE _____

(OVER)

NOTE: This accident identification card (on reverse) should be filled out, detached and given to other driver.

NAME STREETS OR ROADS — SHOW TROLLEY TRACKS, DIRECTION AND POSITION OF ALL VEHICLES IN ACCIDENT.



STATE VEHICLE 
 OTHER VEHICLE 

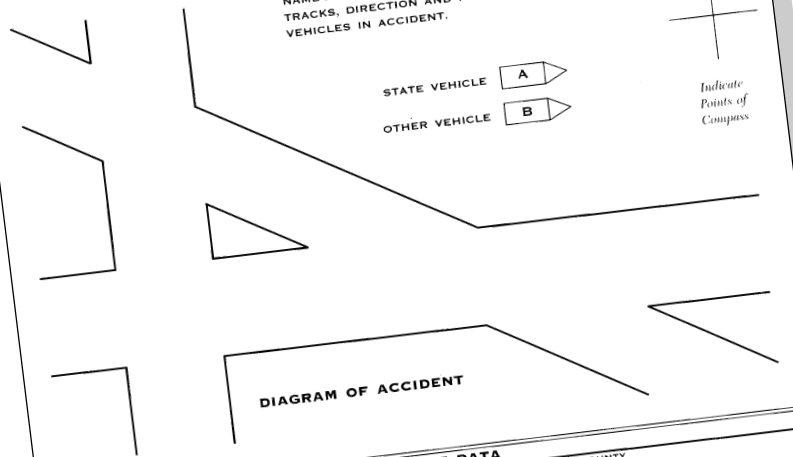


DIAGRAM OF ACCIDENT

ACCIDENT DATA			
HOUR	A.M. P.M.	DATE	CITY
LOCATION (ADDRESS, INTERSECTION, ETC.)		DISTANCE FROM CURB	APPROXIMATE ROAD WIDTH
		FEET	FEET
INVESTIGATED BY			REPORT NUMBER (IF AVAILABLE)
CITY OF			
<input type="checkbox"/> POLICE DEPT.	COUNTY OF		
<input type="checkbox"/> SHERIFF'S DEPT.	CITY		
<input type="checkbox"/> CHP	NAME AND LOCATION		
<input type="checkbox"/> OTHER	ADDRESS		
VEHICLE OCCUPANTS OTHER VEHICLE			
NAME	ADDRESS	PHONE	
NAME	ADDRESS	PHONE	
NAME	ADDRESS	PHONE	
NAME	ADDRESS	PHONE	
STATE VEHICLE			
NAME	ADDRESS	PHONE	
NAME	ADDRESS	PHONE	

EVIDENCE OF FINANCIAL RESPONSIBILITY

This vehicle is owned or leased by the State of California, a public entity and operated by employees or agents of the State. California Vehicle Code Sections 16000, 16020, 16021 et seq. state that ownership or lease of a vehicle by a public entity establishes evidence of financial responsibility.

REPORTING OF CLAIMS

In case of an accident resulting in **injury** to persons (other than employees), or involving **serious** damage to the property of others, call the Office of Risk and Insurance Management **IMMEDIATELY** (or FAX an advance copy of STD. 270, Vehicle Accident Report to)

During normal working hours call:

OFFICE OF RISK AND INSURANCE MANAGEMENT
(916) 322-0459 (CALNET: 492-0459) or
1-800-900-3634 TOLL FREE
FAX (916) 322-6006


On weekends or holidays, call:

OFFICE OF RISK AND INSURANCE MANAGEMENT
(916) 322-8967 (or CALNET: 492-8967)
and leave a Voice Mail message (which will be returned on the next business day).



OSP 99 21295

Appendix A-4



STATE OF CALIFORNIA - DGS CHRM
VEHICLE ACCIDENT REPORT
 STD. 270 (REV. 2/20/02)

THIS REPORT MUST BE MAILED WITHIN 48 HOURS AFTER ACCIDENT
 (ACCIDENTS INVOLVING INJURY SHOULD FIRST BE CALLED OR FAXED
 TO ORIM AT (916) 376-5302 - FAX (916) 376-6277.)
*** CONFIDENTIAL INFORMATION ***
 DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF THE
 OFFICE OF RISK AND INSURANCE MANAGEMENT

DISTRIBUTION: OFFICE OF RISK AND INSURANCE MANAGEMENT
 ORIGINAL - 707 THIRD STREET, FIRST FLOOR
 WEST SACRAMENTO, CA 95605
 COPY - STATE GARAGE (DGS pool vehicles only)
 COPY - DEPT. FILES (Dept. owned vehicles only)
 COPY - STATE DRIVER

ACCIDENT PREVIOUSLY REPORTED TO CRIMP? (If Yes, give date)
 YES NO

AGE _____ EMPLOYING DEPARTMENT _____ (Dept. owned vehicles only)
 NAME _____ OFFICE ADDRESS _____ AGENCY BILLING CODE _____
 DRIVER'S LICENSE NO. _____ ACCIDENT DATE _____ TIME _____ AGENCY DOCUMENT NO. (Optional) _____
 WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS? YES NO JOB TITLE _____ BUSINESS TELEPHONE _____
 DATE DRIVER LAST COMPLETED STATE/DEFENSIVE DRIVER TRAINING _____ MONTH/YEAR _____ NOT TAKEN VEHICLE OWNER _____ DEPT. VEHICLE NO. (Optional) _____
 VEHICLE LICENSE NUMBER _____ VEHICLE YEAR, MAKE, MODEL _____ VEHICLE OWNER DEPARTMENT OWNED DGS POOL EMPLOYEE OWNED
 RENTAL IF DEPARTMENT OWNED OR RENTAL ENTER OWNER'S NAME _____
 DESCRIBE DAMAGES TO STATE VEHICLE _____ ESTIMATED REPAIR COST _____

ACCIDENT LOCATION (Address/Area) _____ ROAD CONDITIONS _____
 WEATHER CONDITIONS _____
 (City/State) _____ TRAFFIC CONDITIONS _____
 (County) _____ HOW FAST WERE YOU DRIVING? _____ EST. SPEED OF OTHER CAR _____
 NAME AND ADDRESS OF INVESTIGATING AGENCY _____

POLICE REPORT MADE YES NO
 AGENCY CHP OTHER

OTHER VEHICLE DRIVER'S NAME _____ AGE / DOB _____ VEHICLE LICENSE NUMBER _____ VEHICLE YEAR, MAKE, MODEL _____ NO. OF PASSENGERS _____
 DRIVER'S LICENSE NO. _____ HOME TELEPHONE _____ WORK TELEPHONE _____ REGISTERED OWNER _____ HOME TELEPHONE _____
 DRIVER'S ADDRESS (Street, City, State, Zip Code) _____ OWNER'S ADDRESS _____ WORK TELEPHONE _____
 BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY _____ NAME AND ADDRESS OF OTHER PARTY'S INSURANCE _____

INJURED NAME _____ AGE _____ ADDRESS _____ HOSPITAL _____
 NAME _____ AGE _____ ADDRESS _____ HOSPITAL _____
 NAME _____ TELEPHONE _____ ADDRESS _____
 NAME _____ TELEPHONE _____ ADDRESS _____

VEHICLE PASSENGER STATE OTHER NAME _____ ADDRESS _____
 NAME _____ ADDRESS _____
 NAME _____ ADDRESS _____
 NAME _____ ADDRESS _____

(CONTINUE ON REVERSE)

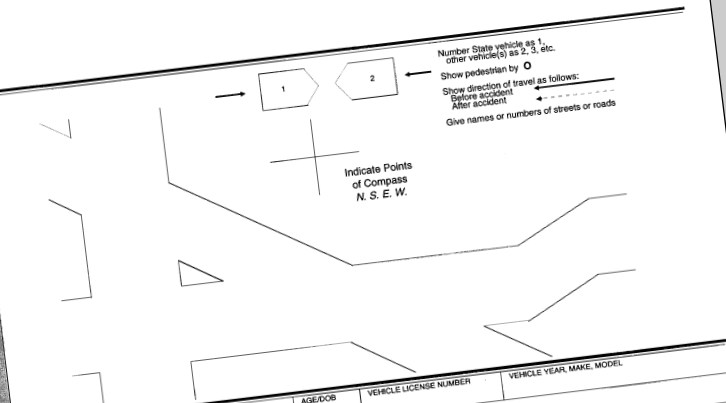
STATE OF CALIFORNIA - DSS ORM
VEHICLE ACCIDENT REPORT
 STD. 270 (REV. 8/2008) (REVERSE)

*** CONFIDENTIAL INFORMATION ***
 DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF THE
 OFFICE OF RISK AND INSURANCE MANAGEMENT

FULLY STATE HOW ACCIDENT OCCURRED (Give details, attach additional sheets if necessary)

ACCIDENT DETAILS - DESCRIPTION

ACCIDENT DETAILS - DIAGRAM



DRIVER'S NAME			AGE/DOB	VEHICLE LICENSE NUMBER	VEHICLE YEAR, MAKE, MODEL
DRIVER'S LICENSE NO.	HOME TELEPHONE	WORK TELEPHONE	REGISTERED OWNER		HOME TELEPHONE
ADDRESS (Street, City, State, Zip Code)			ADDRESS (Street, City, State, Zip Code)		WORK TELEPHONE
BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY			NAME AND ADDRESS OF OTHER PARTY'S INSURANCE CARRIER		
NAME	AGE	ADDRESS	HOSPITAL		
NAME	AGE	ADDRESS	HOSPITAL		
NAME	ADDRESS				
NAME	ADDRESS				

ADDITIONAL VEHICLE PASSENGERS PASSENGER INJURED

The answers in this report contain a true and full account of the accident, and the vehicle was being operated on official business of the state at the time of the accident. (The reviewing officer is to explain any exceptions.) Attach extra pages as necessary.

Employee Signature and Date _____ Reviewing Officer Signature (Supervisor or Safety Coordinator) _____
 Type Name and Title of Reviewing Officer _____
 Telephone Number of Reviewing Officer _____

Appendix A-5

STATE OF CALIFORNIA

STATE DRIVER ACCIDENT REVIEW

STD. 274 (REV. 5-99)

PLEASE PRINT OR TYPE

SUPERVISOR'S REVIEW - FOR DEPARTMENTAL ACCIDENT PREVENTION

PURPOSE: To have supervisor investigate each driver accident, report facts and circumstances, confirm that the State vehicle was used on State business, and initiate or recommend action to achieve accident prevention.

HOW: Use sources of information listed on the back of this form. Report on all accidents, regardless of who was hurt, what property was damaged, or who was responsible. Where State property is all that is damaged and repairs do not exceed \$1,000, a STD. 270 should not be submitted to the Office of Risk & Insurance Management. (SAM 2430)

WHO: **SUPERVISOR** who authorized the employee to drive on State business must prepare this report, code the type of accident, and forward it to the reviewing officer/safety coordinator within five days from the date of the accident. Attach STD. 274 to the departmental copies of STD. 270 (if applicable); if STD. 270 is not required, send a copy of STD. 274 to the Office of Risk & Insurance Management, Loss Control Unit.

REVIEWING OFFICER: You are responsible for the quality (accuracy and completeness) of the supervisor's report and to initiate follow-up action.

1. DRIVER'S NAME	2. ORGANIZATION UNIT AND DEPARTMENT	3. DATE OF ACCIDENT
4. HOW DID ACCIDENT OCCUR? (SUPERVISOR'S VERSION)		
5. WHAT DRIVING RULES, VEHICLES LAWS OR VIOLATIONS CONTRIBUTED TO THE CAUSE OF ACCIDENT?		
6. SUPERVISOR'S ACTION TAKEN, OR RECOMMENDATIONS FOR SUPERIORS TO PUT INTO EFFECT. (SEE BACK FOR SUGGESTIONS)		
7. SIGNATURE AND TITLE OF SUPERVISOR		DATE
8. REVIEWING OFFICER: I CONCUR <input type="checkbox"/> OR I DO NOT CONCUR <input type="checkbox"/> WITH SUPERVISOR MY EVALUATION AND ACTION TAKEN:		
9. HOW WAS THE DRIVER INFORMED OF YOUR EVALUATION AND FOLLOW-UP ACTION: VERBAL DISCUSSION <input type="checkbox"/> WRITTEN MEMO <input type="checkbox"/> VERBAL AND WRITTEN <input type="checkbox"/>		DATE
10. SIGNATURE AND TITLE OF REVIEWER		

CONFIDENTIAL

STATE DRIVER ACCIDENT REVIEW
 SOURCES OF INFORMATION INVESTIGATED -- BY SUPERVISOR
 IN ADDITION TO STD. 270 PREPARED BY DRIVER

- DID YOU?**
- QUESTION STATE DRIVER
 - GO TO SCENE OF ACCIDENT
 - CLOSELY EXAMINE SEAT BELTS AND SAFETY EQUIPMENT
 - EXAMINE MECHANICAL DEFECTS
 - READ POLICE REPORT AND CITATIONS
 - REVIEW DL-254, ABSTRACT OF LICENSE RECORDS DEPARTMENT OF MOTOR VEHICLES
 - REVIEW DRIVER'S FILE - DEPARTMENT RECORDS
 - ASK ABOUT ANY DISTRACTIONS OR ATTENTION DIVERTERS, PRIOR TO ACCIDENT
 - CONSIDER, WAS OUR DRIVER INFLUENCED BY FATIGUE, ILLNESS, MEDICINE OR ALCOHOL? IF YES, EXPLAIN

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

SOME ACTION SUGGESTIONS AND RECOMMENDATIONS (EXPLAIN ON OTHER SIDE)

- DRIVER HABITS NEED TO BE OBSERVED IN TRAFFIC
- OUR DRIVER WAS A CONTRIBUTING FACTOR (memo to driver)
- FURTHER TRAINING BE PROVIDED (when, by whom and type)
- DEPARTMENTAL POLICY OR LOCAL RULES BE MODIFIED
- DRIVER BE DISCIPLINED (special action suggested)
- ASK ACCIDENT REVIEW BOARD TO ADVISE SUPERVISOR
- NO FURTHER PERSONNEL ACTION BE TAKEN
- RECOMMEND REMOVAL FROM DRIVING STATUS
- DISCUSS CUMULATIVE DRIVER RECORD
- RECOMMEND NEW OR CHANGE OF TRAFFIC FLOW
- CHANGE OR IMPROVE EQUIPMENT
- ASK FOR EXPERT CONSULTATION

GIVE DATE OF DEFENSIVE DRIVER TRAINING	DATE
<input checked="" type="checkbox"/> ORIENTATION - DEPARTMENT POLICIES AND RULES	
<input checked="" type="checkbox"/> CLASSROOM DEFENSIVE DRIVER TRAINING	
<input checked="" type="checkbox"/> BEHIND - THE - WHEEL TRAINING	
<input checked="" type="checkbox"/> SPECIAL MOBILE EQUIPMENT TRAINING	

SUPERVISOR - CLASSIFY FOR DEPARTMENTAL REPORTING

- TYPE OF VEHICLE ACCIDENT:**
- COLLISION WITH OTHER VEHICLE**
- 1. Evasive maneuver
 - 2. Lost control
 - 3. Hit other vehicle in rear
 - 4. Hit from rear
 - 5. Proceeding straight
 - 6. Crossed into opposing lanes
 - 7. Changing lanes
 - 8. Making right turn
 - 9. Making left turn
 - 10. Backing
 - 11. Mechanical failure
 - 12. Collision with bicycle

- SOLO ACCIDENT**
- 13. Evasive maneuver
 - 14. Lost control
 - 15. Collided with stationary object
 - 16. Backing
 - 17. Runaway vehicle
 - 18. Lost load
 - 19. Mechanical failure
 - 20. Struck or was struck by animal

- STRIKING PEDESTRIAN**
- 21. In a crosswalk
 - 22. Not in a crosswalk
 - 23. While backing

- MISCELLANEOUS ACCIDENT**
- 24. Explain

WAS ACCIDENT PREVENTABLE BY STATE DRIVER? Yes No