



Driver Safety & Vehicle Use Program

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Safety Policy
Issued by:



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Appendices

- A. DMV Form INF 1101 - Authorization for Release of Driver Record Information
- B. Verification of Liability Insurance Form
- C. Vehicle Accident Driver Procedures
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The Driver Safety and Vehicle Use Program has been developed to protect the City of Pittsburg's employees and resources, to ensure compliance with state and federal regulations, and to guard against and reduce potential liabilities from accidents. The program aligns with generally accepted best practices and legal requirements for safe motor vehicle operations. Human Resources will oversee the requirements within this program. All employees who operate a vehicle on City business are required to comply with this program. In the event of any inconsistency between an MOU, the Personnel Rules and/or this document, the order of precedence is as follows: [MOU, Personnel Rules], this document.

Driver Eligibility

To assist with identifying, hiring, and retaining safe drivers and ensuring ongoing safe driving practices, the following are required:

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

DMV Employer Pull Notice Program (EPN)

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

Employee Deviations from Driving Safety

The supervisor will consult with Human Resources when determining the most appropriate intervention in accordance with the policy stated below.

Acceptable Driving Records

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

NOTS Criteria

- 4 or points in 12 months
- 6 points in 24 months
- 8 points in 36 months

City Intervention Criteria

- 2 or more points in 12 months
- 4 points in 24 months
- 6 points in 36 months

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

When a prospective employee meets or exceeds the intervention criteria set forth above, the City will forego an offer of employment.

When an employee's MVR reaches intervention levels, the City shall initiate one or more of the following actions:

- Counsel or warn the employee that employment may be jeopardized if there are additional violations or accidents.
- Shift the employee to a non-driving position where feasible.
- If a non-driving position is not an option, implement some additional controls such as driver training course(s) to reinforce defensive driving safety.
- Restrict or eliminate authorization to use personally-owned vehicle for City business.
- Other intervention determined and approved by Human Resources and the Department Head.

Business Use - City-Owned Vehicles

The following requirements apply to employees who are assigned and drive a City-owned vehicle while conducting City business:

- Unless otherwise approved, City-owned vehicles must not be used for personal purposes, including the commute to and from home.
- Designated "on-call duty" employees are authorized to drive City vehicles home with the department head's prior approval.
- Use of police vehicles for personal use is governed by separate policy: The Pittsburg Police Department Policy, Policy Number 703-Vehicle Use.

Employees who are permitted to use a City-owned vehicle to commute to/from home and worksite are prohibited from using the vehicle for personal purposes other than commuting. Minimum personal use, such as stopping for a personal errand on the way between the employee's home and worksite is authorized. However, minimum personal use may constitute Internal Revenue Service (IRS) taxable fringe benefits which the employee must declare. Contact Finance for specific IRS requirements and mileage rates.

The following requirements pertain to all City-owned vehicles:

- No one except an authorized employee may drive a City vehicle. This includes immediate family members and friends, except in an emergency.
- Drivers must comply with all applicable federal, state and local laws.

The City reserves the right to withdraw the City vehicle driving privilege at any time. Failure to fulfill any requirement of the program may result in disciplinary action up to and including termination.

Business Use - Personally-Owned Vehicles

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

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

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

Insurance Requirements

Employees utilizing their personally-owned vehicles on City business must maintain automobile liability and property damage insurance coverage of \$100,000/\$300,000 bodily injury coverage and \$50,000 property damage coverage.

- Proof of adequate insurance covering collision, personal injury and property damage must be provided upon request (refer to Appendix B). Employees conducting City business in their personal vehicle shall carry only those persons associated with said business while performing work on behalf of the City.
- In case of an accident and subsequent claim, the coverage provided by the employee's personal insurance will apply first. Insurance follows the vehicle, not the driver. The City will pay the insurance deductible for the employee (if applicable and not reimbursed by others, e.g., another at-fault driver) up to a maximum of \$500 if an employee is involved in an accident in his/her personally-owned vehicle when the requirements of this policy have been met. The City is not responsible for any increase in an employee's insurance premium as a result of an accident.
- Employees are expected to maintain the vehicle in reliably safe mechanical condition as required by law.

Use of Rental Cars on City Business

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

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

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

The City does not require the employee to purchase the LDW. If the employee chooses to purchase the optional LDW, it will be at the employee's personal expense. In case of an accident and subsequent claim, the coverage provided by the employee's personal insurance will apply first. The City will pay the insurance deductible for the employee (if applicable and not reimbursed by others) up to a maximum of \$500 if an employee is involved in an accident in the approved use of a rental car while conducting City business.

Electronic Wireless Communication Devices

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

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

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

The following requirements comply with California State Vehicle Code Sections 23123 - 23125.

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

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

Exemptions

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

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

Vehicle Accident Procedures

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

The Vehicle Accident Procedures are set forth in Appendix C, and Appendix D contains the Vehicle Accident Report form. All City-owned vehicles and personally-owned vehicles authorized for business use are required to keep a Motor Vehicle Accident Reporting kit in the glove box of the vehicle. The City driver is required to review the procedures, complete the Vehicle Accident Report form, and submit it to his/her supervisor as soon as practicable.

Police must be notified in the event of

- An accident involving a City vehicle
- Anyone was injured (no matter how minor)
- Anyone was killed.

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

Training

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

Record Keeping

The following documentation will be maintained for at least two (2) years:

- Motor vehicle reports (MVRs)
- Vehicle insurance information from drivers who use their personally owned vehicles on City business.
- Documentation regarding employee deviations from driving safety

Defensive driver training for each employee, including the employee's name, training dates, type of training, and training providers shall be maintained for seven (7) years.

Program Evaluation

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

California Department of Motor Vehicles – Employer Pull Notice Program Authorization for Release of Driver Record Information

DMV Form INF 1101

PDF fillable form available at

<https://www.dmv.ca.gov/portal/dmv/detail/vehindustry/eptn/eptnformlist>



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, with 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 _____

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 _____

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/other/services, 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.

Clear Form

Print

Appendix B



Verification of Liability Automobile Insurance
Use of Personally Owned Vehicles for City Business

EMPLOYEE INFORMATION

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

VEHICLE INFORMATION

(Provide vehicle information for personally owned vehicle(s) driven for City business)

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

INSURANCE INFORMATION

Insurance Company Name: _____ Policy Number: _____
Effective Date: _____ Expiration Date: _____

Provide liability coverage limits for the following:

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

CERTIFICATION

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

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

Signature *Print Name* *Date*

Appendix C

**City of Pittsburg
Vehicle Accident Driver Procedures**

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

Take Steps to Prevent Further Accidents

- Stop Immediately and take time to secure the scene.
- Never leave the accident scene.
- Park safely out of traffic flow if vehicle is operable.
- If available, set out flares.

Remain Calm

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

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

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

Contact Police to report the accident

- Obtain report number & officer ID.

Obtain Witness Information

- Name(s)
- Address
- Telephone numbers

Exchange Information

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

Vehicle Accident Report Form

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

Notes:



ACCIDENT REPORT FORM

EMPLOYEE AND VEHICLE INFORMATION (VEHICLE #1)

Employee Driver Name:		Driver License #:	Phone #:
Department/Division:		Supervisor Name:	
City Owned Vehicle <input type="checkbox"/>	Make & Model:		License Plate #
Personally-Owned Vehicle <input type="checkbox"/>			

ACCIDENT DATE, TIME, PLACE

Date:	Time:	AM <input type="checkbox"/>	PM <input type="checkbox"/>
City	County	State	
Highway Description/Street Address:			
Photos taken:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Video taken: YES <input type="checkbox"/>
			NO <input type="checkbox"/>

THOSE INVOLVED

OTHER VEHICLE (VEHICLE #2)

Make & Model:	Tag No. & State		
Driver Name:	DL:	Phone:	
Address:			
Insurance Co.	Policy No.		

OTHER VEHICLE (VEHICLE #3)

Make & Model:	Tag No. & State		
Driver Name:	DL:	Phone:	
Address:			
Insurance Co.	Policy No.		

WITNESSES (persons seeing the accident may be of service to our driver)

Name:	Phone:
Address:	
Name:	Phone:
Address:	

INVESTIGATING OFFICER

Name	Phone:
Badge No.	Department:

Appendix D

WHAT HAPPENED?

At what distance did you first see a hazard?
(ft.)

How fast were you going?

MPH

Describe damage to:

Your Vehicle –

Other Vehicles –

Cargo –

Property –

Describe in your own words the circumstances of the accident:

ACCIDENT SCENE

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

Your vehicle



Other vehicle(s)



Numbered successively

Pedestrian



Traffic signal



Traffic sign

