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| POLICY TITLE: Vehicle Accountability | | PAGE 1 OF 7 |
|  | CHILD AND FAMILY SERVICES AGENCY Approved by: <u>Brenda Donald</u> Agency Director Date: <u>October 1, 2014</u> | REVISION HISTORY: January 14, 2010 June 26, 2012 |
| | LATEST REVISION: September 25, 2014 | |

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| I. AUTHORITY | Titles I and II of DC Law 15-353, the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005; the Fair Credit Reporting Act, as added October 26, 1970 (PL 91-508; 15 USC § 1681); 6 DCMR 2904; Military Personnel and Civilian Employees Claim Act of 1964, (78 Stat. 767; 31 USC § 3721); and DC Administrative Issuance Mayor's Order 2009-210. |
| II. APPLICABILITY | This policy is applicable to all Child and Family Services Agency (CFSA or Agency) employees who are required to drive a motor vehicle in the course of performing official CFSA duties including transportation of Agency clients. |
| III. RATIONALE | It is frequently required that CFSA employees transport clients to various destinations, in addition to employees requiring transportation for various meetings, e.g., quality service reviews. To ensure that all employees thoroughly understand the Agency's expectation that drivers will operate vehicles in a safe and responsible manner, CFSA has implemented this policy document. |
| IV. POLICY | It is the policy of CFSA to promote the responsible use of vehicles during the course of CFSA business and to identify procedures that ensure accountability and compliance with all legal requirements, guidelines, and safety standards. Accordingly, every employee required to drive any vehicle while conducting official CFSA business is expected to ensure the safe operation of the vehicle and to maintain a safe driving record in accordance with and subject to the guidelines set forth in this policy. |
| V. CONTENTS | A. Standards for Granting CFSA Driving Privileges B. CFSA-Approved Use of a Private Vehicle for Official CFSA Business C. Traffic Record Checks D. Vehicle Accidents, Incidents, and Violations E. License Reinstatement |
| VI. ATTACHMENTS | A. Definitions B. Employee Unusual Incident Report Form C. Motor Vehicle Accident Report Form D. Confidential Request for Motor Vehicle Records (MVRs) Form E. Record of Motor Vehicle Violations Self-Reporting Form F. Vehicle Operator's Acknowledgement Form G. Personal Vehicle Acknowledgement Form H. Policy Receipt and Acknowledgement Form |

VII. PROCEDURES

Procedure A: Standards for Granting CFSA Driving Privileges

Employees must follow all applicable laws, regulations, guidelines, and standards associated with the transportation of clients and operation of all Agency or privately-owned vehicles while conducting official CFSA business. For purposes of this policy, any reference to vehicles herein shall include CFSA, Fleet Share, privately-owned, rental, and Zipcar vehicles.

1. The minimum requirements for determining whether a person may be granted driving privileges to conduct official CFSA business include but are not limited to the following criteria:
 - a. Valid state driver's license
 - b. Successful traffic records check (*See Procedure C.*)
 - c. No convictions for driving while intoxicated or driving under the influence within the previous 5 years
 - d. No charges for driving with a suspended or revoked driver's license within the previous 3 years (*See Procedure E.*)
 - Any employee who knowingly drives for CFSA with a suspended, revoked, or expired license may be subject to immediate termination.
 - e. No hit-and-run or felony convictions involving a vehicle
2. Any employee whose driving record does not meet the above-cited standards is prohibited from driving a CFSA or private vehicle for conducting official CFSA business.
3. Employees who are granted driving privileges may use CFSA vehicles only for official CFSA business.
4. The following guidelines apply to all vehicle-necessary official CFSA business:
 - a. Only CFSA clients or employees are to be transported in CFSA vehicles.
 - b. Employees seeking reimbursement for expenses incurred during official CFSA business outside of a 50-mile radius must complete a [Request for Authorization for Official Travel Form](#) (Form 431).
 - i. The form must be signed by the employee's administrator or designee and subsequently submitted to CFSA's Fiscal Operations Administration.
 - ii. Proof of mileage and tolls must be provided in writing to the assigned supervisor for approval.
 - iii. Upon supervisory approval, receipts, etc. should be attached to Form 431.
 - iv. CFSA reimburses employees for mileage and tolls in accordance with the guidelines and rates established by the District government.

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| | <p>c. During official CFSA business, all drivers and passengers must wear seat belts at all times, regardless of whether the employee is driving an Agency or private vehicle.</p> <ul style="list-style-type: none"> • For safety purposes, infants and children must be properly strapped in a car seat or booster seat, respectively. <p>d. As required by District law, only hands-free devices may be used while driving in the District of Columbia, including mobile phones and other electronic devices.</p> <ul style="list-style-type: none"> • CFSA encourages full concentration while driving vehicles, i.e., employees should only use a hands-free device when necessary or in the event of an emergency. <p>e. Employees must use Agency-issued vehicles in accordance with the vehicle's individual operating guidelines and in compliance with the following fleet-related policies:</p> <ul style="list-style-type: none"> i. No smoking occurs in Agency vehicles. ii. Prior to returning Agency-issued cars to the fleet, vehicles must be cleared of any trash, personal items, or ancillary items (e.g., safety kits and child safety seats). |
| | <p style="text-align: center;">Procedure B: CFSA-Approved Use of a Private Vehicle for Official CFSA Business</p> <p>1. In order to use a private vehicle for official CFSA business, including transportation of a client, employees must meet the following requirements:</p> <ul style="list-style-type: none"> a. Receive written authorization from their assigned administrator. b. Maintain a valid state driver's license. c. Have automobile insurance with a rider (i.e., additional coverage) for business use and transport of a passenger. <ul style="list-style-type: none"> • Employees must provide verification of automobile insurance (declaration page) to the Facilities Management Administration (FMA) prior to using their private vehicle to conduct Agency business or transport clients. d. Provide hard-copy or email proof of compliance with all registration, insurance, inspection, and other requirements applicable to the vehicle. <p>2. An employee must notify his or her supervisor and FMA within 3 days of any change in automobile insurance coverage, status of their driver's license, or compliance with other requirements.</p> <ul style="list-style-type: none"> • In the event of an accident (<i>see Procedure D</i>), failure to comply with the above requirements disqualifies the employee from representation by the District government. |

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Procedure C: Traffic Record Checks

All employees hired for positions requiring driving as a function of their position must have a driving record check. Traffic record checks consist of an employee's driving record from any state that may have issued the employee a driver's license during the past 5 years, including the District of Columbia, Maryland, and Virginia.

1. An acceptable driving record is a determining factor as to whether the candidate is offered employment, or retained as an employee once hired.
2. Prior to extending an offer of employment to any person whose primary duties and responsibilities involve operating a motor vehicle, the Human Resources Administration (HRA) informs the prospective employee that he or she is required to complete CFSA's *Confidential Request for Motor Vehicle Records Form* (see *Attachment D*).
 - a. Once the offer is extended and accepted by the prospective employee, the employee completes and submits the form to HRA.
 - b. The Agency submits the form to the DC Office of Risk Management (ORM) for verification of the employee's driver's license and official driver's record
 - c. Results of traffic record checks received from the District's ORM are forwarded to the CFSA Risk Manager who in turns forwards the results to FMA, HRA, and a union representative.
 - i. Employees with motor vehicle violations on their traffic record receive written notification from HRA that the record will be evaluated by HRA, FMA, and CFSA's ORM.
 - ii. Contingent to the results of the check, newly-hired employees may be restricted from employment-related driving or may be reassigned to an available non-driving position for which the employee is qualified.
 - d. The verified form is included as part of the employee's completed application package.
3. Employees may not use vehicles to conduct official CFSA business if a traffic records check indicates the following circumstances:
 - a. Four or more moving violations in a 12-month period
 - b. At-fault accident on their driving record
 - c. Suspended or revoked license
 - d. Incomplete Agency-approved safe driving course (*See Procedure D.*)
 - e. Repeated complaints through the *How Am I Driving* program, indicating unsafe or reckless driving patterns or behaviors
4. Employees with repeated driving infractions or accidents may be subject to disciplinary action, up to and including termination.

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| | <ol style="list-style-type: none"> 5. Currently-employed CFSA employees who operate a motor vehicle for official CFSA business are required to complete CFSA's <i>Confidential Request for Motor Vehicle Records</i> and <i>Vehicle Operator's Acknowledgement forms</i> (see Attachments D and F). <ol style="list-style-type: none"> a. The forms are to be completed once a year as part of the employee's annual performance evaluation. b. The employee's supervisor submits the forms to CFSA's ORM. 6. Current CFSA employees who transfer to positions that have driving requirements must adhere to all requirements outlined in this policy prior to operating a motor vehicle for official CFSA business. 7. Employees terminated for reasons related to a driving record will not be considered for re-employment until the driving record meets the driving standards set by CFSA. 8. CFSA conducts annual reviews of traffic record checks for all employees who are required to drive a motor vehicle to transport children in the course of performing their official CFSA duties. |
| | <p>Procedure D: Vehicle Accidents, Incidents, and Violations</p> <ol style="list-style-type: none"> 1. All CFSA employees who are involved in an accident, incident, or violation related to motor vehicle traffic laws must self-report to their immediate supervisor, ORM, and HRA immediately following but no later than 24 hours later (see Attachment E). <ol style="list-style-type: none"> a. Employees who fail to report are subject to disciplinary action. b. If CFSA discovers that an employee has not self-reported any violation of this policy while conducting official CFSA business during the course of driving a CFSA or private vehicle, the employee is subject to disciplinary action, up to and including termination. 2. Any CFSA employee ticketed or involved in an accident while talking or texting on a mobile phone during official CFSA business is subject to immediate disciplinary action up to and including termination. 3. Employees must adhere to the following procedures if involved in automobile accidents while conducting official CFSA business in an Agency-issued or private vehicle: <ol style="list-style-type: none"> a. Contact the police, wait at the scene of the accident, and get an accident report, if applicable. b. If driving an Agency vehicle, immediately contact the Fleet Dispatch Office and then follow the directions outlined in the <i>Accident Investigative Kit</i> that is located in the glove compartment. c. Within 24 hours of the accident, complete the following tasks: <ol style="list-style-type: none"> i. Obtain a <i>Chain of Custody Form</i> (for drug and alcohol testing) from HRA and get tested within 24 hours of the accident. <ol style="list-style-type: none"> a) Management personnel within an employee's chain of command will drive the employee to the drug testing facility for the drug test. |

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| | <ul style="list-style-type: none"> b) Employees refusing to submit to a drug test after an accident may have their employment contract terminated. c) Employees are not authorized to conduct Agency business in an Agency-issued or private vehicle until HRA confirms a negative drug test result from the drug testing vendor. ii. Complete an <i>Employee Unusual Incident Report Form</i> (see Attachment B) and a <i>Motor Vehicle Accident Report Form</i> (see Attachment C) and submit both forms to CFSA's ORM. iii. If injury has occurred, contact CFSA's ORM to file a claim with the Worker's Compensation vendor. <ul style="list-style-type: none"> a) Employees may only file a claim when the injury has occurred during official business. b) If driving a personal vehicle, claims may only be filed if prior approval for use of the personal vehicle is documented. d. Submit to a review and evaluation of the circumstances surrounding the accident, including accidents occurring after normal business hours. <ul style="list-style-type: none"> • ORM, HRS, FMA, and a union representative will jointly conduct any review of all vehicle accidents. e. CFSA may require an employee who has been involved in automobile accident to participate in a safe driving course at the employee's own expense. <ul style="list-style-type: none"> i. The employee must complete the course within 30 days of the accident. ii. Failure to complete the course may result in disciplinary action against the employee. f. In the event that damage occurs to an employee's private vehicle as the result of an accident during official CFSA business, and there is documented supervisory approval for use of the vehicle, the following guidelines apply: <ul style="list-style-type: none"> i. The employee may file a claim with the District. ii. If the damage did not result from the employee's negligent or wrongful conduct, the District may settle such claim by its own discretion for any amount that does not exceed \$10,000. iii. Employees seeking payment for property damage resulting from their own negligent or wrongful conduct may only file a claim with their insurance carrier or make a claim against any other responsible party but not with the District government. <p>4. Employees are responsible for timely payment of any parking citation or associated fines received during official CFSA business.</p> <ul style="list-style-type: none"> a. Unpaid vehicle citations or tickets are subject to the garnishment of an employee's wages. b. If a ticket is adjudicated and overturned, any disciplinary action taken against an employee will be withdrawn, removed, or overturned. |
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Procedure E: License Reinstatement

Employees whose license has been suspended or revoked must comply with the following procedures:

1. Following the procedures outlined above under *Procedure D*, the employee must self-report within 24 hours of notification that the license is invalid.
2. The employee has 14 calendar days to take steps to ensure the validity of the license, including getting the license reinstated.
3. If the employee cannot get his or her license reinstated during the 14-day period, he or she may request an extension of time.
 - a. The request must be in writing and submitted to the employee's supervisor for approval.
 - b. Upon supervisory approval, the employee should submit the request to HRA for secondary approval.
4. An employee may use annual leave or leave without pay for up to 5 days to address any issues surrounding reinstatement of the license.
5. If the authorizing motor vehicle department will not reinstate the license, the assigned supervisor may consult with HRS to reassign the employee to an available non-driving position for which the employee is qualified.

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DEFINITIONS

For the purpose of this policy the following terms have the meanings indicated:

Child - An individual 12 years of age and under.

Employee - A person employed by the District of Columbia government in a position for which he or she is paid for services on any basis.

Youth – An individual between 13 and 17 years of age.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



EMPLOYEE UNUSUAL INCIDENT (UI) REPORT

| PART 1 - REPORTING SOURCE | |
|--|--|
| 1. Name of Reporter: _____ | |
| a. Title/Position: _____ | |
| b. Administration: _____ | |
| c. Telephone Number _____ Date Reported: _____ d. Time Reported: _____ | |
| 2. Has this incident been reported to Risk Management? Yes _____ No _____ Don't Know _____ | |
| If yes, please provide the following information to the best of your knowledge: | |
| Person Reporting Incident to Risk Management: _____ | |
| a. Title/Position: _____ | |
| b. Administration: _____ | |
| c. Telephone Number: _____ Date Reported: _____ d. Time Reported: _____ | |
| PART 2 - TYPE OF INCIDENT | |
| 3. Type of Incident: _____ | |
| 4. Date of Incident: _____ Time of Incident: _____ | |
| 5. Location/Place of Incident: _____ | |
| 6. Individuals Involved and/or Witnesses to the Incident: _____ | |
| _____ | |
| _____ | |
| PART 3 - DETAILS OF INCIDENT | |
| 7. (WHO? WHAT? WHEN? WHERE?) | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| PART 4 - INTERVENING ACTION (S) TAKEN AND BY WHOM | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| PART 5 - (FOR RISK MANAGEMENT USE ONLY) | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

Note: If necessary, attach separate sheet for additional information.



DISTRICT OF COLUMBIA MOTOR VEHICLE ACCIDENT REPORT FORM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------------|--|---|--|---|---|-------------|----------------------|---------------------|--------------------------|------------------------|-------------------------|----------------------------|------------------------|--------------|-----------------|--------------------------|--------------------|-------------------------|-------------------------|---------------------------------|--------------------|-------------------------------|------------------------|------------------------------------|--------------------------------|---------------------|--------------------------------|------------------------------|--------------------|------------------|----------------------------|----------------------|-------|---------------------|-------------------------|------------------------|-------|
| CLAIM CODE/PHONE # | | AGENCY CONTACT INFORMATION | | | AGENCY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF ACCIDENT | | TIME OF ACCIDENT AM: _____ PM: _____ | LOCATION ACCIDENT OCCURRED: <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW _____ ft of _____ Street Street | | | STATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF ACCIDENT (check one) __ 00 Collision of vehicles __ 01 Collision with fixed object __ 02 On board school bus __ 03 Boarding/Alighting __ 04 Pedestrian __ 05 Fatality | | TRAFFIC CONDITIONS (check one) __ 00 Unknown __ 01 Heavy __ 02 Medium __ 03 Light | TRAFFIC CONTROLS (check one) __ 00 Unknown __ 05 Flashing Light __ 01 Yield Sign __ 06 Stop Sign __ 02 Signal __ 07 None __ 03 Officer __ 08 Other __ 04 Turn Restricted | | ROAD SURFACE (check one) __ 00 Unknowns __ 01 Concrete __ 02 Asphalt __ 03 Light __ 04 Gravel __ 05 Dirt __ 06 Other | ROAD CONDITION (check one) __ 01 Unknown __ 02 Repairing __ 03 Dry __ 04 Wet __ 05 Ice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ROAD TYPE (check one) __ 00 Straight __ 05 Underpass __ 01 Curve __ 06 Ramp __ 02 Level __ 07 Bridge __ 03 Grade __ 08 Divided __ 04 Crest | | LIGHT CONDITIONS (check one) __ 00 Unknown __ 01 Dawn/Dusk __ 02 Dark __ 03 Daylight | STREET LIGHTS (check one) __ 00 Unknown __ 01 Defective street light(s) __ 02 No street light(s) __ 03 Street light(s) on __ 04 Street light(s) off | | WEATHER (check ALL that apply) (check one) __ 00 Unknown __ 03 Rain __ 01 Fog/Midst __ 04 Snow __ 02 Clear __ 05 Sleet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total # of Vehicles Involved: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>District Driver & Vehicle Information</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| District Vehicle No. _____ # of Passengers in District Vehicle: _____ # of Passengers Injured in District Vehicle: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| District Operator (Last Name, First Name, M.I.) Age Sex Full or Part-time (FT or PT) Driver Injured: Yes No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver's License # _____ License State: _____ Home Phone #: () _____ - _____ Cell Phone #: () _____ - _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle Model/Year Make Body Style Tag #/State/Year Vehicle Color Vehicle Damaged: Yes or No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Speed at time of Impact: _____ mph Skid Mark Details: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle Driven Away: Yes or No Vehicle left at scene: _____ Yes or No If towed, to where: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE TYPE (check one) __ 00 Passenger Auto __ 01 Bus __ 02 Truck __ 03 Trailer __ 04 Other __ 05 Heavy Equipment | | PRIMARY CAUSE OF ACCIDENT: Insert ONE code from below for DISTRICT vehicle here: <input type="checkbox"/> Insert ONE code from below for CLAIMANT vehicle here: <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRIVER CONDITION (check ALL that apply) __ 00 Fatigued __ 01 Ill __ 02 Physical defect __ 03 Asleep __ 04 Normal __ 05 Unknown __ 06 Ability Impaired __ 07 Ability not impaired | | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">__ 00 Speed</td> <td style="width: 33%;">__ 08 Flashing light</td> <td style="width: 33%;">__ 16 Other Defects</td> <td style="width: 33%;">__ 22 Defective light(s)</td> </tr> <tr> <td>__ 01 Defective brakes</td> <td>__ 09 Directional light</td> <td>__ 17 Pedestrian Violation</td> <td>__ 23 Pedestrian drunk</td> </tr> <tr> <td>__ 02 Signal</td> <td>__ 10 Stop Sign</td> <td>__ 18 Driver inattention</td> <td>__ 24 Road defects</td> </tr> <tr> <td>__ 03 Auto right of way</td> <td>__ 11 Alcohol influence</td> <td>__ 19 Changing lanes no caution</td> <td>__ 25 Road defects</td> </tr> <tr> <td>__ 04 Pedestrian right of way</td> <td>__ 12 Improper passing</td> <td>__ 20 Failure to set parking brake</td> <td>__ 26 Driver vision obstructed</td> </tr> <tr> <td>__ 05 Improper Turn</td> <td>__ 13 One way street-wrong way</td> <td>__ 21 Opened door in traffic</td> <td>__ 27 Other: _____</td> </tr> <tr> <td>__ 06 Yield Sign</td> <td>__ 14 Wrong side of street</td> <td>__ 22 Drug influence</td> <td>_____</td> </tr> <tr> <td>__ 07 Stop/Go light</td> <td>__ 15 Improper starting</td> <td>__ 23 Improper Backing</td> <td>_____</td> </tr> </table> | | | | | __ 00 Speed | __ 08 Flashing light | __ 16 Other Defects | __ 22 Defective light(s) | __ 01 Defective brakes | __ 09 Directional light | __ 17 Pedestrian Violation | __ 23 Pedestrian drunk | __ 02 Signal | __ 10 Stop Sign | __ 18 Driver inattention | __ 24 Road defects | __ 03 Auto right of way | __ 11 Alcohol influence | __ 19 Changing lanes no caution | __ 25 Road defects | __ 04 Pedestrian right of way | __ 12 Improper passing | __ 20 Failure to set parking brake | __ 26 Driver vision obstructed | __ 05 Improper Turn | __ 13 One way street-wrong way | __ 21 Opened door in traffic | __ 27 Other: _____ | __ 06 Yield Sign | __ 14 Wrong side of street | __ 22 Drug influence | _____ | __ 07 Stop/Go light | __ 15 Improper starting | __ 23 Improper Backing | _____ |
| __ 00 Speed | __ 08 Flashing light | __ 16 Other Defects | __ 22 Defective light(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| __ 01 Defective brakes | __ 09 Directional light | __ 17 Pedestrian Violation | __ 23 Pedestrian drunk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| __ 02 Signal | __ 10 Stop Sign | __ 18 Driver inattention | __ 24 Road defects | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| __ 03 Auto right of way | __ 11 Alcohol influence | __ 19 Changing lanes no caution | __ 25 Road defects | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| __ 04 Pedestrian right of way | __ 12 Improper passing | __ 20 Failure to set parking brake | __ 26 Driver vision obstructed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| __ 05 Improper Turn | __ 13 One way street-wrong way | __ 21 Opened door in traffic | __ 27 Other: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| __ 06 Yield Sign | __ 14 Wrong side of street | __ 22 Drug influence | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| __ 07 Stop/Go light | __ 15 Improper starting | __ 23 Improper Backing | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



**DISTRICT OF COLUMBIA
MOTOR VEHICLE ACCIDENT
REPORT FORM**

| | | | |
|---|--|--|---------------------------|
| <u>Claimant Information</u> | | | |
| Claimant (Last Name, First Name, M.I.) _____ | Age _____ | Sex _____ | Estimated Damage \$ _____ |
| Home Address _____ | | Business Address _____ | |
| Driver's License #/State _____ | | Home Phone #: () _____ - _____ | |
| | | Alternate Phone #: () _____ - _____ | |
| Vehicle Damaged: Yes or No _____ | Speed at time of Impact: _____ mph | Skid Mark Details: _____ | |
| Was vehicle driven away? Yes or No _____ | Was vehicle left at the scene? Yes or No _____ | If towed, to where: _____ | |
| Tow Co. Info. _____ | | | |
| INJURY CODE (check <u>ALL</u> that apply) | | CLAIMANT CONDITION (check one) | |
| <input type="checkbox"/> 00 Fatal <input type="checkbox"/> 01 Disabling <input type="checkbox"/> 02 Non-disabling <input type="checkbox"/> 03 None <input type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 No visible injury <input type="checkbox"/> 06 complaint of pain/no visual injury | | <input type="checkbox"/> 00 Fatigued <input type="checkbox"/> 01 Ill <input type="checkbox"/> 02 Physical defect <input type="checkbox"/> 03 Asleep <input type="checkbox"/> 04 Normal <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 Ability Impaired <input type="checkbox"/> 07 Ability not impaired | |
| TYPE OF VEHICLE (check one): | | | |
| <input type="checkbox"/> 00 Passenger Auto <input type="checkbox"/> 01 Bus <input type="checkbox"/> 02 Truck <input type="checkbox"/> 03 Trailer <input type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 Taxi <input type="checkbox"/> 06 Motorcycle <input type="checkbox"/> 07 Bicycle <input type="checkbox"/> 08 Fire engine <input type="checkbox"/> 09 Ambulance <input type="checkbox"/> 10 Fixed Object <input type="checkbox"/> 11 Vendor Cart <input type="checkbox"/> 12 Other: _____ | | | |
| # of Passengers in Claimant Vehicle: _____ | | # of Passengers Injured in Claimant Vehicle: _____ | |
| Do you have Collision Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Deductible \$ _____ | |
| <u>Additional Claimant Information</u> | | | |
| Claimant (Last Name, First Name, M.I.) _____ | Age _____ | Sex _____ | Estimated Damage \$ _____ |
| Home Address _____ | | Business Address _____ | |
| Driver's License #/State _____ | | Home Phone #: () _____ - _____ | |
| | | Alternate Phone #: () _____ - _____ | |
| Vehicle Model/Year: _____ | | Tag #/State/Year: _____ | |
| Make: _____ | | Vehicle Color: _____ | |
| Body Style: _____ | | | |
| Vehicle Damaged: Yes or No _____ | Speed at time of Impact: _____ mph | Skid Mark Details: _____ | |
| Was vehicle driven away? Yes or No _____ | Was vehicle left at the scene? Yes or No _____ | If towed, to where: _____ | |
| Tow Co. Info. _____ | | | |
| INJURY CODE (check <u>ALL</u> that apply) | | CLAIMANT CONDITION (check one) | |
| <input type="checkbox"/> 00 Fatal <input type="checkbox"/> 01 Disabling <input type="checkbox"/> 02 Non-disabling <input type="checkbox"/> 03 None <input type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 No visible injury <input type="checkbox"/> 06 complaint of pain/no visual injury | | <input type="checkbox"/> 00 Fatigued <input type="checkbox"/> 01 Ill <input type="checkbox"/> 02 Physical defect <input type="checkbox"/> 03 Asleep <input type="checkbox"/> 04 Normal <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 Ability Impaired <input type="checkbox"/> 07 Ability not impaired | |
| TYPE OF VEHICLE (check one): | | | |
| <input type="checkbox"/> 00 Passenger Auto <input type="checkbox"/> 01 Bus <input type="checkbox"/> 02 Truck <input type="checkbox"/> 03 Trailer <input type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 Taxi <input type="checkbox"/> 06 Motorcycle <input type="checkbox"/> 07 Bicycle <input type="checkbox"/> 08 Fire engine <input type="checkbox"/> 09 Ambulance <input type="checkbox"/> 10 Fixed Object <input type="checkbox"/> 11 Vendor Cart <input type="checkbox"/> 12 Other: _____ | | | |
| # of Passengers in Claimant Vehicle: _____ | | # of Passengers Injured in Claimant Vehicle: _____ | |
| Do you have Collision Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Deductible \$ _____ | |

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency**



Confidential Request for Motor Vehicle Records (MVRs)

All CFSA employees who operate a government or vehicle related to their job duties must complete both sections of this form. By completing Section B, you are authorizing CFSA to request your motor vehicle record from the applicable government agency.

Section A: To be completed by an employee who operates a government or vehicle as part of his or her job duties.

Employee Name: _____
Last First Middle

Employee Address: _____
No. & Street (include apt. number is applicable) City State

Section B: Please complete this section if you operate a government or vehicle as part of your job duties.

Driver's License No.: _____ Expiration Date: _____

Please circle jurisdiction issuing license: DC MD VA Other _____

Date of Birth: _____ or _____

My signature below authorizes the Department of Motor Vehicles to forward a copy of my motor vehicle record for the past 5 years to the District of Columbia Child and Family Services Agency, Attn: Risk Management Specialist, 200 I Street SE, Washington, DC 20003. For additional information, please contact the Risk Management Specialist at (202) 727-7090.

(Employee Signature)

(Date)

In accordance with the provisions of the Fair Credit Reporting Act, as added October 26, 1970 (P.L. 91-508; 15 U.S.C. § 1681), I hereby certify that the information requested above will be used to verify that the employee has a valid driver's license and that the information will not be used for any other purposes.

(Administrator, Facilities Management Administration or designee)

(Date)

FMA 6/2014

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Vehicle Operator's Acknowledgement Form**



Operator's Name: _____

Driver's License: State: _____ **Number:** _____

Agency: _____

Business Phone Number: _____ **Mobile Phone:** _____

Email Address: _____

Supervisor: _____ **Business Phone Number:** _____

I. Operation of a vehicle for government business

- A.** Performance of my duties on behalf of the Government of the District of Columbia requires my operating a government or authorized vehicle on government business. I acknowledge that it is my responsibility to operate any government or authorized vehicle in a safe manner and in full compliance with the law. This includes regular use of seat belts, strict adherence to speed limits, traffic lights and signs, compliance with parking restrictions, and strict adherence to prohibitions and requirements for the prevention of distracted driving.
- B.** I understand and agree that I am solely responsible for any notices of infraction received as a result of operating, or having custody of, a vehicle on District government business, including parking tickets, red-light camera tickets, and speeding tickets. I agree to answer any such notices of infraction within 30 days of receipt. I agree to report any notices of infraction received as a result of operating, or having custody of, a vehicle on District government business, as well as any vehicular accidents to my designated supervisor or manager immediately. I agree to complete and submit the Motor Vehicle Accident Report Form to my designated supervisor or manager within 24 hours of a vehicular accident.
- C.** I agree to maintain a valid driver's license sufficient to permit me to operate a vehicle lawfully on District government business. I agree to provide a copy of my driver's license to my designated supervisor or manager annually and otherwise at my agency's request. I further agree to notify my designated supervisor or manager of any change in the status of my driver's license by my next scheduled work day. If my driver's license was issued by a jurisdiction other than the District of Columbia, I agree to obtain verification of the status of my driver's license and my driving record from the issuing jurisdiction at my agency's request.

- D. I understand and agree that I may not transport non-District government employees in a government or privately owned vehicle while on District government business unless such transportation is permitted by agency policy and I have been expressly authorized in writing to do so by my agency. I further understand and agree that, unless my agency expressly provides otherwise in writing, driving to or from work is neither District government business nor within the scope of my employment.

II. Use of privately owned vehicles by District employees

- A. I understand and agree that I may use a privately owned vehicle for District government business, within the scope of my employment, only at the discretion of and with the approval of my designated supervisor or manager. I understand that I may request a mileage allowance at the rate established under applicable law and regulations for the expenses associated with authorized use of a privately owned vehicle for District government business I understand and agree that if I am involved in an accident while acting within the scope of my employment in the course of my official duties, my liability for personal injury and property damage to third parties will be governed by the District of Columbia Employee Non-Liability Act, approved July 14, 1960 (74 Stat. 519; D.C. Official Code § 2411 *et seq.*). I further understand and agree that if I am injured while carrying out District government business, I am limited to making a claim under the Disability Compensation Program established by the District of Columbia Government Comprehensive Merit Personnel Act, effective March 3, 1979 (D.C. Law 2-139; D.C. Official Code § 1-623.01 *et seq.*). I understand and agree that the District's liability for property damage to my personal vehicle sustained incident to its authorized use for District government business shall be limited to any settlement the District may make of a claim made under the Military Personnel and Civilian Employees Claim Act of 1964 (Act), approved August 31, 1964 (78 Stat. 767; 31 U.S.C. § 3721). I understand and agree that the District may, in its discretion, settle such a claim in accordance with the Act and any applicable rules, for an amount that does not exceed \$10,000. I understand and agree that I will not receive compensation for property damage to my personal vehicle resulting from my own negligent or wrongful conduct.
- B. I agree that, if I am authorized to use a privately owned vehicle for government business, I shall identify and use only one vehicle for this purpose. I agree to maintain insurance coverage for this vehicle and for any non-District government employee I am authorized to transport and to report business use of this vehicle to the insurance carrier. I further agree to comply with all applicable registration, inspection and other requirements for the vehicle and to provide proof of compliance with these requirements, and of insurance coverage, to my designated supervisor or manager annually and otherwise at my agency's request. I agree to notify my designated supervisor or manager of any change in the status of automobile insurance coverage or other requirements within three (3) business days of receipt of notice of such change.

I understand that failure to comply with the requirements stated in this notice may result in disciplinary or administrative action against me, up to and including termination of employment.

(Employee Signature)

(Date)

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Vehicle Operator's Acknowledgement Form**



Personal Vehicle Acknowledgement Form

I, [Insert Name], have notified my automobile insurance carrier that I use my personal vehicle for official District government business. I will provide evidence to the District government/CFSA HRA of insurance coverage and proof of compliance with all registration, inspection, and other requirements applicable to the vehicle. I will notify the District of Columbia Government/CFSA HRA within three (3) days of any change in my automobile insurance coverage or compliance with other requirements.

I agree to maintain appropriate insurance coverage for this vehicle and for any District, non-District government employee or client I am authorized to transport for official government business.

I understand that failure to comply with this requirement may result in disciplinary or administrative action against me, up to and including termination of employment.

Acknowledgement: This is to certify that I have read the CFSA policy regarding personal vehicle use and I have been informed of appropriate insurance coverage required for transporting District/CFSA, non-District government employees, or clients and I agree to comply with expected personal vehicle use in the performance of government business as outlined in the CFSA Vehicle Accountability policy.

Employee Name _____ Date _____
(Please Print)

Employee's Signature _____ Date _____

Administrator Name _____ Date _____
(Please Print)

Administrator's Signature _____ Date _____

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency**



Policy Receipt and Acknowledgement Form

I, _____, have read and have been informed about the content, requirements, and expectations of the Child and Family Services Agency (CFSA) Vehicle Accountability Policy.

I have received a copy of the policy and agree to comply with the guidelines therein as a condition of employment and continual employment with the CFSA.

I understand that if I have any questions regarding this policy, I may contact my immediate supervisor, CFSA's Risk Manager or the CFSA Human Resource Administration.

To attest to the fact that you have read this policy and have a full understanding of individual responsibility when driving a CFSA government vehicle or your vehicle for official government business, please sign this document.

Employee Name _____ Date _____
(Please Print)

Employee's Signature _____ Date _____

Supervisor Name _____ Date _____
(Please Print)

Supervisor Signature _____ Date _____