

POLICY TITLE: Vehicle Accountability		PAGE 1 OF 8
CHAPTER: General Administrative Policies		
	CHILD AND FAMILY SERVICES AGENCY  Approved by: _____ Signature of Agency Director	PROFESSIONAL STANDARDS
EFFECTIVE DATE: February 1, 2010	LATEST REVISION: June 26, 2012	REVIEW BY LEGAL COUNSEL: May 11, 2012

I. AUTHORITY	Title 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, approved October 26, 1970 (PL 91-508; 15 USC § 1681); DC Personnel Regulations, Chapter 29, § 2904.2; and DC Administrative Issuance of Mayor's Order: 2009-160. <i>This policy supersedes the Vehicle Accountability Policy (January 14, 2010).</i>
II. APPLICABILITY	This policy is applicable to all CFSA employees who are required to drive a motor vehicle in the course of performing official CFSA duties including transportation of client.
III. RATIONALE	Safety for all clients served by CFSA, in addition to the safety of CFSA employees, shall extend to the protection provided by safely-driven CFSA-issued vehicles, including ZIP cars, Fleet Share, and rental vehicles. Accordingly, every employee required to drive a CFSA (or personal) vehicle while conducting official CFSA business is expected to maintain a safe driving record in accordance with the guidelines set forth in this policy. Any employee conducting CFSA business requiring use of a CFSA or personal vehicle is subject to this policy.
IV. POLICY	CFSA employees who are charged with three or more speeding, traffic and/or moving violations within a 12-month period while conducting Agency business shall be subject to disciplinary action and may be required to complete an Agency-approved traffic school course at the employee's expense. The employee shall not be allowed to conduct any CFSA business that requires a vehicle (including personal vehicles) until the review and/or traffic school course is completed. If successful completion of the course is not achieved within a 30-day timeframe, the employee may be subject to a transfer in position, disciplinary action, or termination of employment. For purposes of this policy, any reference to Agency vehicles shall include Zip cars, Fleet Share and rentals.

V. CONTENTS	<ul style="list-style-type: none"> A. Standards for Granting CFSA Driving Privileges B. CFSA-Approved use of a Private Vehicle on Official Business C. Traffic Record Check D. Violations E. License Reinstatement F. Responsibilities
VI. ATTACHMENTS	<ul style="list-style-type: none"> A. Definitions B. Daily Field Itinerary Form C. Unusual Incident Form D. Motor Vehicle Accident Report Form E. Confidential Request for Motor Vehicle Records (MVRs) Form F. Record of Motor Vehicle Violations Self-Reporting G. Vehicle Operator's Acknowledgement H. Personal Vehicle Acknowledgment Form I. Policy Receipt and Acknowledgement Form
VII. PROCEDURES	<p>Procedure A: Standards for Granting CFSA Driving Privileges</p> <p>Employees must follow all applicable guidelines and/or standards associated with the transportation of clients, and/or use and operation of all Agency or personal vehicles while conducting official CFSA business.</p> <ol style="list-style-type: none"> 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: <ul style="list-style-type: none"> a. Valid state driver's license b. Successful completion of a Traffic Record check (see <i>Procedure C</i> of this policy) <ol style="list-style-type: none"> i. No convictions within the past five (5) years for Driving While Intoxicated (DWI) or Driving Under the Influence (DUI), <i>Note: CFSA does not make a distinction between a conviction for DUI or DWI.</i> ii. No charges of driving under revocation or suspension of a driver's license within the previous 3 years iii. No hit-and-run convictions iv. No felony convictions involving a vehicle 2. Employees who are granted driving privileges shall use CFSA vehicles for official CFSA business exclusively. <ol style="list-style-type: none"> a. Only CFSA clients or employees shall be transported in CFSA vehicles. b. For safety purposes, infants and children must be properly strapped in a car seat or booster seat respectively. c. Seat belts must be worn by all drivers and passengers during official CFSA business, regardless of whether the employee is driving an Agency or personal vehicle.

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
Vehicle Accountability	General Administrative Policies	Page 2 of 8

	<p>d. As required by District law, only hands-free devices may be used while driving in the District of Columbia. This includes cell phone as well as other electronic devices. Any CFSA employee ticketed or involved in an accident while talking or texting on a cell phone while conducting official CFSA business, shall be subject to immediate disciplinary action up to and including termination.</p> <p><i>Note: if a ticket is adjudicated and overturned, any disciplinary action taken against an employee will be withdrawn, removed or overturned.</i></p> <p>3. CFSA employees must receive written authorization from their administrator to use their personal vehicle for official CFSA business (see <i>Procedure B of this policy</i>).</p> <p>4. Any employee whose driving record does not meet CFSA standards shall be prohibited from driving a CFSA or personal vehicle while conducting official CFSA business.</p>
	<p>Procedure B: CFSA-Approved Use of a Private Vehicle on Official Business</p> <p>1. The use of personal vehicles for official CFSA business must be granted and approved before personal vehicles can be used for official CFSA business.</p> <p>2. In order to use a personal vehicle for official CFSA business, the employee must meet the following requirements:</p> <ul style="list-style-type: none"> a. Receive written authorization from their administrator to use their personal vehicle for official CFSA business. b. Maintain a valid state driver's license. (The license cannot be revoked or suspended.) c. Have automobile insurance and shall provide verification of automobile insurance (declaration page) to the facilities Management Administration (FMA) prior to transporting clients. d. Must provide proof/copies of compliance with all registration, insurance, inspection, and other requirements applicable to the vehicle. <p>3. An employee must notify his or her supervisor and FMA within 3 days of any change in automobile insurance coverage or compliance with other requirements.</p> <p>4. Failure of the employee to provide accurate and up to date information on their driver's license and automobile insurance, or to otherwise obtain proper authorization for use of a personal vehicle, may disqualify the employee for representation by the District Government if an accident occurs.</p>

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
Vehicle Accountability	General Administrative Policies	Page 3 of 8

	<ol style="list-style-type: none"> 5. In order to obtain authorization to transport clients in a personal vehicle, an employee must have a rider (i.e., additional coverage) attached to their automobile insurance policy to cover risks associated with transporting such passengers. 6. A CFSA employee whose vehicle is damaged while carrying out CFSA business is not entitled to reimbursement from the District government for damages. An employee seeking payment for property damage should file a claim with his or her own insurance carrier or make a claim against any other responsible party. 7. CFSA will reimburse the employee for mileage and tolls in accordance with the guidelines and rates established by the District of Columbia. Proof of mileage and tolls must be provided in writing to the employee's supervisor for written approval to receive reimbursement. An employee shall complete and submit the <i>Daily Field Itinerary Form</i> (DHS 614) (see <i>Attachment B</i>) to their supervisor when using their personal vehicle for official business. 8. An employee must submit the <i>Travel and Related Expense Voucher</i> (FMS 432) to Fiscal Operations in order to obtain mileage reimbursement. <i>Note: the Travel and Related Expense Voucher can be picked-up from Fiscal Operations.</i> 9. In the event of an accident while operating any vehicle within the scope of employment, an employee should immediately notify his or her supervisor, complete an <i>Unusual Incident Report Form</i> and a <i>Motor Vehicle Accident Report Form</i> (see <i>Attachments C and D</i>) and submit to the CFSA Office of Risk Management, and send a written request for representation to the Office of the Attorney General for the District of Columbia at 441 Fourth Street, NW, Washington, DC 20001. Employees injured as a result of an accident while driving and carrying out official government/agency business are eligible to file a worker's compensation claim with the Office of Risk Management.
	<p>Procedure C: Traffic Record Checks</p> <ol style="list-style-type: none"> 1. Any and all employees hired into positions requiring driving as a function of their position must have a driving records check. 2. Prior to extending an offer of employment to any person whose primary duties and responsibilities will involve operating a motor vehicle, the hiring CFSA manager shall inform the prospective employee that he or she is required to complete the <i>CFSA Confidential Request for Motor Vehicle Records Form</i> (see <i>Attachment E</i>). <ol style="list-style-type: none"> a. The completed form shall be submitted by the prospective employee to the Human Resources Administration (HRA) as part of the employee's application package. <p><i>Note: an acceptable driving record will be a determining factor as to whether a candidate will be offered employment.</i></p>

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
Vehicle Accountability	General Administrative Policies	Page 4 of 8

	<p>b. Within 2 business days of receipt, the Agency shall submit the form to the DC Office of Risk Management (DCORM) for verification of the prospective employee's driver's license and official driver's record.</p> <p>c. Results of the check shall be forwarded to the Facilities Management and Human Resources for a determination of the prospective employee's suitability for employment.</p> <p>3. All current CFSA employees who operate a motor vehicle for official CFSA business are required to complete the <i>CFSA Confidential Request for Motor Vehicle Records and Vehicle Operator's Acknowledgement forms (see Attachments E and G)</i></p> <p>a. The form shall be completed once a year as part of the employee's annual performance evaluation.</p> <p>b. The form shall be submitted by the supervisor to FMA. <i>Note: Results from the traffic records check is a determining factor for whether an employee continues their employment in a position for which operating a motor vehicle is part of the employee's official duties.</i></p> <p>4. Current CFSA employees who transfer to positions that have driving requirements must complete the <i>CFSA Confidential Request for Motor Vehicle Records Form</i> prior to operating a motor vehicle to perform official CFSA business.</p> <p>5. The Traffic Record Check shall consist of an employee's driving record during the past 5 years, including records from the District of Columbia, Maryland, Virginia, and any other state that issued the employee's driver's license during that 5-year timeframe.</p> <p>6. Any Traffic Record Checks that contain a motor vehicle violation will be sent to the FMA, CFSA's Office of Risk Management, and HRA for further evaluation.</p> <p>a. Employees with motor vehicle violations on their traffic record shall receive written notification from HRA.</p> <p>b. Employees may be restricted from employment-related driving or reassigned to an available non-driving position for which the employee is qualified.</p> <p>c. In accordance with the above-cited evaluation, any employee reflecting three or more moving violations in a 12-month period and or an at fault accident on their driving record, may be required to complete an Agency-approved Traffic School course at his or her own expense.</p> <p>d. Employees may be subject to disciplinary action, up to and including termination.</p> <p>7. CFSA shall conduct annual reviews of Traffic Record Checks for all employees who are required to drive a motor vehicle to transport children or youth in the course of performing his or her official CFSA duties.</p>
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POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
Vehicle Accountability	General Administrative Policies	Page 5 of 8

Procedure D: Violations and Vehicle Accidents

1. All CFSA employees who operate a vehicle for official CFSA business and who are involved in an incident related to a violation of motor vehicle traffic laws must self report to their immediate supervisor, the CFSA Office of Risk Management, and HRA immediately following but no later than 24 hours of the violation (*see Record of Motor Vehicle Violations Self-Reporting Form, Attachment F*).
 - a. Employees who have more than three moving violations within a 12-month period on their record and drive for CFSA must inform CFSA of their status. Failure to do so may result in that employee's termination.
 - b. Employees who fail to report violations of motor vehicle traffic laws or ordinances shall be subject to disciplinary action.
 - c. Any employee who knowingly drives for CFSA with an expired, suspended, or revoked license may be subject to immediate termination.
2. The following procedures must be followed for all employees involved in automobile accidents while driving Agency-issued or personal vehicles while conducting official CFSA business.
 - a. Contact the police and wait at the scene of the accident and get an accident report (if applicable).
 - b. Contact supervisor and CFSA Office of Risk Management immediately.
 - c. Get a Chain of Custody Form (drug and alcohol testing) from HRA and get tested within 24 hours of the accident.
 - If the accident occurs after-hours, pick-up the Chain of Custody Form from outside the FMA office and get tested within 24 hours of the accident.
 - d. Complete an Unusual Incident Report Form (*see Attachment C*) within 24 hours of the accident.
 - e. Contact Third Party Administrators for any incidents where an employee (on duty) has been injured within 24 hours of the accident.
3. In addition to the procedures above, employees involved in automobile accidents while driving Agency- issued vehicles while conducting official CFSA business shall complete the following:
 - a. Get the Accident Investigative Kit that is located in the glove compartment and follow the directions.
 - b. Contact the Fleet dispatch Office and Employee/Labor Relations Department in HRA immediately.

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
Vehicle Accountability	General Administrative Policies	Page 6 of 8

4. Employees involved in automobile accidents while driving Agency-issued or personal vehicles while conducting official CFSA business shall be tested for drugs and alcohol and shall be subject to a review and evaluation of the circumstances surrounding the accident. This includes any accidents that occur after normal business hours.
 - a. Reviews shall be conducted jointly by the FMA, CFSA's Office of Risk Management, and HRA.
 - b. Any employee refusing to submit to a drug test after they have been involved in an accident will be terminated.
 - c. Employees will not be authorized to drive or operate an Agency-issued or personal vehicle to conduct Agency business until a negative drug test result is received by HRA from the drug testing vendor
5. Employees involved in an at-fault accident must complete an Agency authorized Safe Driving Course within 30 days of the accident. Failure to complete the Safe Driving course will result in disciplinary action against the employee.
6. If CFSA discovers an employee has violated any portion of this policy while driving a CFSA or personal vehicle while conducting official CFSA business *but that employee has not self-reported*, the employee will be subject to progressive discipline up to and including immediate termination.
7. If an employee is terminated for reasons related to driving, no reconsideration for re-employment will be made until his or her driving record meets the driving standards set by CFSA.
8. Employees receiving repeated complaints through the How Am I Driving (HAID) program indicating unsafe or reckless driving patterns and or behaviors, may be subject to disciplinary action and or required to attend an agency approved safe driving course at the employees expense.

Procedure E: License Reinstatement

1. If an employee or the Agency is notified that their license is being or has been suspended or revoked, whether through self reporting or by the Agency's driving records check, the employee shall, within 24 hours of receiving notice, inform their supervisor, CFSA's Office of Risk Management and HRA.
2. The Employee shall have 14 days to get the license reinstated.
3. If the employee cannot get his or her license reinstated during the 14-day period, they may request an extension of time with due cause (to be determined by HRA).
 - a. Administrative Leave without pay may be provided for up to 5 days to address any issues surrounding reinstatement of the license.

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
Vehicle Accountability	General Administrative Policies	Page 7 of 8

	<p>b. If the authorizing motor vehicle department will not reinstate the license, the employee may be subject to termination or reassignment to an available non-driving position for which the employee is qualified.</p>
	<p>Procedure F: Responsibilities</p> <p>Employees assigned to driving CFSA vehicles are responsible for maintaining a safe driving record, and immediately reporting any violations, including citations and accidents, to their supervisor, the CFSA Office of Risk Management, and HRA. The following responsibilities shall apply to all employees driving Agency-issued vehicles:</p> <ol style="list-style-type: none"> 1. If an employee has a driving record that is in question, that employee shall inform his or her supervisor and decline to operate an Agency or personal vehicle for official CFSA business until there is an internal CFSA review and evaluation of the traffic record (see <i>Procedure C.6</i> of this policy). 2. Employees are responsible for paying any fines associated with any motor vehicle citations received during official CFSA business while operating either an Agency-issued or personal vehicle. 3. Unpaid vehicle citations shall be subject to garnishment of wages. Garnishment of wages will include fines and penalties related to vehicle citations and fines and penalties associated with the use of Zip cars. <p><i>Note: vehicle use shall include the use of personal car, zip car, fleet share, and rental.</i></p> <ol style="list-style-type: none"> 4. Agency-issued vehicles shall be used in accordance to operating guidelines including compliance with vehicle check in procedures (i.e. the removal of trash, personal items, no smoking in vehicles and the return of ancillary items including safety kits and child restraining devices.) 5. Employees are responsible for ensuring that no smoking is allowed in any Agency vehicle. 6. Supervisors and management personnel shall be responsible for ensuring the following security measures are in place for all vehicle-related job descriptions. <ol style="list-style-type: none"> a. HRA shall be notified of any and all citations or motor vehicle violations. b. Supervisors of employees involved in vehicle accidents must report and send employees to HRA to secure the necessary information and documentation for drug testing immediately after notification that the employee has been involved in an accident. c. Management personnel within the employee's chain of command are responsible for driving an employee involved in an accident to the drug testing facility for the drug test.

POLICY NUMBER/TITLE	CHAPTER NUMBER/TITLE	PAGE NUMBER
Vehicle Accountability	General Administrative Policies	Page 8 of 8

DEFINITIONS

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

Child - An individual 12 years of age and under.

District Employee - A person employed by the District of Columbia Government.

Employee - Any person employed 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



DAILY FIELD ITINERARY

Date of Request: _____

Requestor's Name: _____ Phone Number: _____

DC or State Driver's ID# _____ Branch Unit: _____

Vehicle Needed On: _____ DC Gov't ID: _____

Name(s) of Person(s) to be Transported or Visited:

(1.) _____ (3.) _____

(2.) _____ (4.) _____

Reason for Request:

Court Ordered Action

Emergency Placement

Pick-Up At: _____ Pick-Up At: _____

Taking Child To: _____ Taking Child To: _____

Other Transportation

(Please Explain. If transportation is beyond a 50-mile radius for Washington, DC, please attach an approved Form 431)

From 400 6th ST., SW To: _____

Purpose: _____

I, the undersigned, hereby certify that the above information is true and correct, to the best of my knowledge. I understand that willfully submitting false information may subject me to penalty or possible termination. I further understand that I am responsible for the safekeeping of this vehicle, shall not transfer any keys or the vehicle to any other individual, and shall return all keys and the vehicle directly to the CFSA Facilities Management Office.

Employee Signature _____ Date: _____

Supervisor's Signature _____ Date: _____

Administrator's Signature _____ Date: _____

Facilities Management Action: (FMA STAFF INITIALS: _____)

Vehicle Issued: Date: _____ Time: _____ Mileage: _____

Vehicle Returned: Date: _____ Time: _____ Mileage: _____

400 Sixth Street, SW ♦ Washington, DC 20024
Web: www.cfsa.dc.gov



**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																																						

Drivers 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	_____
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__ 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 _____	
Drivers 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 _____	
Drivers 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 personal 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 personal 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 personal 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 five (5) years to the District of Columbia Child and Family Services Agency at 400 6th Street SW, Room 1041 Washington, DC 20024. For additional information, please contact Brent Adams at (202) 727-7557.

(Employee Signature)

(Date)

In accordance with the provisions of the Fair Credit Reporting Act, approved 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)

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



Record of Motor Vehicle Violations Self-Reporting Form

Section A	To be completed by employees who operate a government or personal vehicle as part of their job duties.
Employee Name: _____ Last First Middle	

Section B	Please complete this section following any motor vehicle violation (not including parking violations) if you operate a government or personal vehicle as part of your job duties. Submit the completed form to your supervisor within five (5) days of the violation.
<input type="checkbox"/> I certify the following motor vehicle violation (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past five (5) days.	
Date of Conviction: _____	
Offense: _____	
Location: _____	
Type of Vehicle Operated: _____	

(Employee Signature)

(Date)

(Review By/Supervisor's Signature)

(Title)

(Date)

**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 thirty (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 twenty-four (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
Child and Family Services Agency**



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 _____

Child and Family Services Agency
400 Sixth Street, SW ♦ Washington, DC 20024



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



Policy Receipt and Acknowledgement Form

I, _____, have read and 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 or the CFSA Human Resource Administration.

To ensure that you have read this policy and have a full understanding of individual responsibility when driving a CFSA government vehicle or your personal 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 _____

Child and Family Services Agency
400 Sixth Street, SW ♦ Washington, DC 20024