

# OAKLEY



# CALIFORNIA

**City of Oakley  
Driver Safety & Vehicle Use Program**

**June 3, 2021**

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The Driver Safety & Vehicle Use Program has been developed to protect the City of Oakley employees and resources, to ensure compliance with state and federal regulations, and to guard against and reduce potential liabilities from accidents. The information outlined in this program is in line 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 agency business are required to comply with this program.

### **Driver Eligibility**

The following guidelines have been established to assist with identifying, hiring, and retaining safe drivers and ensuring ongoing safe driving practices.

- 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 agency-owned vehicles and personally-owned vehicles while on agency 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 agency business must show proof of automobile liability insurance in accordance with the Business Use for Personally-Owned Vehicles section.
- All employees who drive on agency business are required to comply with all applicable state laws and regulations.

### **DMV Employer Pull Notice Program (EPN)**

Employees who are authorized to drive an agency-owned and/or a personally-owned vehicle for agency business will 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 automatically issues MVRs annually and whenever the driver is involved with certain legal actions or activities. Employees who participate in this program will sign a DMV Authorization for Release of Driver Record Information form (Appendix A).

### *Employee Deviations*

The supervisor will work with Human Resources and the Department Head when determining the most appropriate intervention per 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 more points in 12 months
- 6 points in 24 months
- 8 points in 36 months

#### **Agency 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 an employee's MVR reaches intervention levels, we may 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 use of personally-owned vehicles for agency business.
- Other intervention determined and approved by Human Resources and the Department Head.

### **Business Use - Agency-Owned Vehicles**

These requirements apply to employees who are assigned and drive an agency-owned vehicle while conducting agency business.

- Unless otherwise approved, agency-owned vehicles are not to be used for personal purposes, including the commute to and from home.

- Designated “on-call duty” employees are authorized to drive agency vehicles home with the Department Head’s approval.
- Use of police and fire vehicles for personal use is addressed by separate policy. ([Oakley Police Policy § 703 Vehicle Use](#))
- Employees who are permitted to use an agency-owned vehicle to commute to/from home and worksite are not authorized to use 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. Under these conditions, Internal Revenue Service (IRS) taxable fringe benefits may apply.

The following requirements pertain to all agency-owned vehicles:

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

The agency reserves the right to withdraw this privilege at any time. Failure to fulfill any requirement of the vehicle use policy may result in disciplinary action up to and including termination.

### **Business Use - Personally-Owned Vehicles**

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

Agency employees are not permitted to use personally-owned vehicles in conducting agency business without prior approval of the appropriate Department Head or the assigned designee.

Before authorizing an employee to use a personally-owned vehicle for Agency 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 agency; and (3) the employee has been approved to use his/her personally-owned vehicle.

### ***Insurance Requirements***

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

- The employee will sign a declaration stating he or she is carrying the insurance coverages as stated above upon his/her employment (refer to Appendix B). If the insurance coverage is modified, canceled, terminated, lapsed, or curtailed for any reason, the employee must immediately notify the Human Resources and the Department Head.
- Current employees will sign a declaration annually stating they are carrying the insurance coverages as stated above.
- 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 agency 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 agency 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 Agency Business**

Agency employees are not permitted to use a rental car in conducting agency business without prior approval of the appropriate Department Head or assigned designee. Approval must be requested and documented in email.

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.

The rental car company will 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 agency 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 agency 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 agency business.

### **Electronic Wireless Communication Devices**

The following requirements address the use of electronic wireless communication devices while driving agency-owned vehicles and personally-owned vehicles while on agency 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; and
- Two-way messaging device

Agency employees shall not operate an agency-owned vehicle or personally-owned vehicle on agency 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 adhere to the 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.*

Agency 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. Additional regulations reference the use of electronic devices while driving can be found in Oakley Police Policy §701.9 Use While Driving.

### **Exemptions**

The agency 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 agency. 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 agency-owned vehicles or personally-owned vehicles while on agency 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 or email their supervisor to report the accident/incident.

The Vehicle Accident Procedures are outlined in Appendix C, and Appendix D contains the Vehicle Accident Report form. All agency-owned vehicles and personally-owned vehicles authorized for business use are required to keep a copy of the procedures and form in the vehicle. The agency driver is required to review the procedures, complete the Vehicle Accident Report form, and turn it into his/her supervisor as soon as practicable.

Police should be notified in the event of

- Estimated property damage of more than \$750



- 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 years:

- Defensive driver training for each employee, including the employee's name, training dates, type of training, and training providers
- MVR
- Vehicle insurance information from drivers who use their personally-owned vehicles on agency business
- Documentation regarding employee deviations

### **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/ept/eptformlist>



### EMPLOYER PULL NOTICE PROGRAM

### AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, \_\_\_\_\_  
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

<small>EXECUTED AT</small>	<small>CITY</small>	<small>COUNTY</small>	<small>STATE</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>DATE</small>	<small>SIGNATURE OF EMPLOYEE</small>		
<input type="text"/>	<input type="text"/>		

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.

<small>EXECUTED AT</small>	<small>CITY</small>	<small>COUNTY</small>	<small>STATE</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>DATE</small>	<small>SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE</small>		
<input type="text"/>	<input checked="" type="checkbox"/>		

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at [www.dmv.ca.gov/otherservices](http://www.dmv.ca.gov/otherservices), or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO NOT RETURN THIS FORM TO DMV.

Clear Form

Print

**Appendix B**

**City Of Oakley**  
**Verification of Liability Automobile Insurance**  
*Use of Personally Owned Vehicles for Agency Business*

**EMPLOYEE INFORMATION**

Employee Name: \_\_\_\_\_

Driver License #/State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Residence Address: \_\_\_\_\_

**VEHICLE INFORMATION**

*(Provide vehicle information for personally owned vehicle(s) driven for agency 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 (\$100,000)
- Bodily Injury Per Occurrence (\$300,000)
- Property Damage (\$50,000)

**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 Oakley 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 Oakley  
Vehicle Accident Driver Procedures**

Vehicle accident procedures must be followed in the event of an accident/incident involving agency-owned vehicles or personally-owned vehicles while on agency 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 agency-owned vehicles or personally-owned vehicles authorized for business use are required to keep a copy of these procedures and the Vehicle Accident Report form in the vehicle. The agency driver is required to review the procedures, complete the Vehicle Accident Report form, and turn it into his/her supervisor as soon as feasible.

**Take Steps to Prevent Further Accidents**

- Park safely out of traffic flow if vehicle is operable
- If available, set out flares

- Address
- Telephone numbers

**Remain Calm**

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

**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

**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

**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

**Contact Police When**

- Estimated property damage of more than \$750
- Anyone was injured (no matter how minor)
- Anyone was killed

**Notes:**

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Obtain report number & officer ID

**Obtain Witness Information**

- Name(s)

Appendix D

**City of Oakley**  
**VEHICLE ACCIDENT REPORT FORM**

EMPLOYEE AND VEHICLE INFORMATION (VEHICLE #1)			
Employee Driver Name:	Driver License #:	Phone #:	
Department/Division:		Supervisor Name:	
Agency 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
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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	
<i>Fill in dotted lines to correspond with road at accident site. Show position of all vehicles, pedestrians, etc.</i>	
Your vehicle	
Other vehicle(s)	 Numbered successively
Pedestrian	
Traffic sign	