# **General Company Rules and Policies**

# **Prohibited Actions**

The following actions are prohibited and may result in the immediate revocation of driving privileges.

- Driving While Impaired: The driver must not operate a vehicle at any time when his/her ability to do so is impaired, affected, influenced by alcohol, illegal drugs, prescribed or over-the-counter medication, illness, fatigue or injury.
- **Hitchhikers and Unauthorized Passengers**: Drivers of company vehicles must not pick up or transport hitchhikers or other unauthorized passengers. Unauthorized passengers include those individuals who are not company employees, not affiliated with the company or not contracted to conduct specific company business.
- Payment for Carrying Passengers or Materials: Drivers of company vehicles must not request or accept payment for carrying passengers or materials.
- Radar Detectors: Drivers of company vehicles must not use any radar detector, laser detector or similar device.
- **Towing**: Unless authorized, drivers of company vehicles must not tow, push or pull another vehicle or trailer.
- **Hazardous Materials**: Unless authorized, drivers of company vehicles must not transport any hazardous materials.

# **Offering Assistance**

Drivers of company vehicles must not assist disabled motorists or accident victims beyond their level of medical expertise. If a driver is unable to provide the proper medical care, he/she must restrict his/her assistance to the notification of proper authorities.

# **Required Reporting of Accidents and Violations**

Drivers and permitted users must meet the following accident, license suspension and violation reporting criteria.

- **4** Accidents: Must be reported immediately
- License Suspension or Revocation of Driving Privileges: Must be reported next business day
- **4** Moving Violations: Must be reported within three business days of conviction.
- **Serious Moving Violations**: Must be reported within one day of citation issuance. *Serious moving violations* include:
  - Driving while impaired/intoxicated
  - Reckless driving
  - Leaving the scene of an accident
  - Speeding for any speed equal to or greater than 15 mph over the posted speed limit

# **Required Cooperation With Company Management and Enforcement Agencies**

Drivers and "Permitted Users" (e.g., see Permitted Use section) must cooperate with company officials and/or law enforcement agencies in matters such as violation of company polices and/or accident investigation.

# **Required Use of Seat Belts**

The driver and all occupants are required to wear safety belts when the vehicle is in motion. The driver is responsible for ensuring passengers wear their safety belts. The drivers must comply with the applicable local, State and Federal Child Safety Seat requirements. Additional information can be located at <u>http://www.nhtsa.dot.gov/CPS/</u>.

## **Required Compliance With State/Traffic Laws:**

Drivers must abide by the Federal, State and local motor vehicle regulations, laws and ordinances.

### **Use of Cellular Telephones and Pagers**

The use of wireless communication devices, such as cell phones—including those equipped with "hands free devices"— is *not permitted* while driving a company assigned vehicle or while driving a leased or rented vehicle on company business.

These devices may, however be used when the vehicle is safely parked.

### Prohibited Use of "Walkman" or Other Personal Stereo Devices

Employees are prohibited from using a Walkman or similar device while operating a motor vehicle.

### Motorcycles

Employees are prohibited from operating motorcycles, motor scooters or motor bikes when traveling on company business.

### **Company and Personal Property**

Employees are expected to ensure "reasonable care" of company property such as computers, work papers and equipment under their control. The company will not reimburse the employee for the theft of personal property from company vehicles.

# **Permitted Use Policy**

#### Example One

Permitted Use: Company vehicles may be driven for both company and personal use.

**Permitted Users**: Authorized company employees and their domestic partners may drive company vehicles, provided that they meet the *Minimum Driver Eligibility Criteria* contained in this document. Children and other family members are not permitted to drive a company vehicle under any circumstances.

### Example Two

Permitted Use: Company vehicles may only be driven while conducting company business.

**Permitted Users**: Company vehicles may only be driven by authorized company employees who meet the *Minimum Driver Eligibility Criteria* contained in this document.

# Minimum Driver Eligibility Criteria

The company has established criteria to minimize the "At-Risk" behavior, which causes accidents, injuries and property damage. Each current and prospective driver must meet these standards to qualify for and maintain his/her company vehicle driving privileges.

Driving standards are evaluated on a "Points System," in which violations are assigned higher points according to their increasing likelihood in predicting crashes.

Each driver will be evaluated using the form shown in Table One. Evaluations will occur prior to granting driving privileges and at least once every year thereafter, depending on previous driving record. Violations from the prior 36 months will be included in each evaluation.

Driver/Applicant Name	Birth date	Date of MVR

Table One: MVR Evaluation Points System

Violation Or Conviction	Points/Violation	# of Violations	Total Points	Notes
DWI, DUI or refused test	25			
Leaving scene of accident	25			
Reckless driving	25			
Currently suspended license	25			
Vehicular homicide	25			
Speeding < 10 mph above limit	5			
Speeding 10-14 mph above limit	8			
Speeding $\geq 15$ mph above limit	10			
Failure to obey traffic device	8			
Failure to yield right-of-way	8			
Passing stopped school bus	13			
Driving wrong side of road	8			
Illegal passing	8			
Following too closely	8			
All other moving violations	5			
Non moving violations	3			
Major preventable accident	13			
Other preventable accident	8			
Non-preventable accident	3			
Age (applicants only)				
21-24	5			
25-29	3			
70 or more	3			
<b>Total Violations/Points</b>				

The total number of points will be used to assign each driver to one of the intervention categories shown on the following page.

### **Driver Evaluation Categories**

Category I-Less Than 15 Points: MVR Evaluation conducted annually

**Category II–15-20 Points**: MVR Evaluation conducted semi-annually. Driver will be counseled using the form shown in Table Two. The purpose of the counseling is to inform he/she of possible consequences of future violations and accidents. Driver must complete a defensive driving course or Driver Improvement Program within 60 days. Driver observation will be completed within 45 days.

**Category III–21-24 Points**: MVR Evaluation conducted quarterly. The driver will be counseled using the form shown in Table Two. The purpose of the counseling is to inform he/she of possible consequences of future violations and accidents. The driver must complete defensive driving course or Driver Improvement Program within 30 days. Driving observation will be done within 30 days.

**Category IV–25 Points or More**: Company driving privileges revoked! Any exceptions for Category IV must be signed by the Chief Operating Officer and approved by the company's auto insurance carrier and all Category III driver improvement procedures apply. Any further moving violations or preventable accident while classified as a Category IV driver will result in immediate suspension of company driving privileges.

### **Table Two: Driver Intervention Record**

Indicate the intervention type:

Verbal
Written
Revocation of driving privileges

### **Intervention and Action Plan**

**Part One–Employee**: Employee's action plan to resolve the noted safety issue. Specifically, the plan must be filled out by you and state what you intend to do to prevent future occurrences.

**Part Two–Supervisor**: Supervisor's action plan to resolve the noted safety issue. Specifically, the plan must filled out by the manager and state what the manager intends to provide for the employee (e.g., training, information, etc.)

### Certification

Employee	Date	Supervisor	Date

## Accidents

The following sections provide accident scene and accident review procedures and include classification of accident types.

### **Accident Scene Procedures**

Employees will take the following actions when there are injuries to persons and/or damage to other vehicles or property.

### Don't Let It Get Worse

- Frotect the scene of the accident
- **4** Stop immediately and determine the damage.
- 4 Avoid obstructing traffic or creating a greater hazard
- Place emergency reflectors, flares, lanterns or flags

### Aid The Injured

Check on the other party to determine if they need medical attention. As a reminder, General Company Policy on "Offering Assistance" is shown below

"Drivers of company vehicles must not assist disabled motorists or accident victims beyond their level of medical expertise. If a driver is unable to provide the proper medical care, he/she must restrict his/her assistance to the notification of proper authorities."

### Notify the Company and Police

- **4** Contact the police and emergency services
- **4** Contact your company representative

### **Collect Information**

- If possible exchange insurance and other information from the other party involved but don't talk about what happened
- **Get** witness information
- **u** Take scene photographs if it is safe to do

### Make No Statements

- Do not make any statements (other than to police, company officials, and company insurance representatives), admit fault, or sign anything
- You need to check on the other people, but do not talk about what you think happened until the police or company officials arrive on-scene
- If a witness talks to you, that is fine but do not volunteer information to them about the facts of the accident

**Important Driver's Note**: Accident reporting kits are contained in the glove box or console of each company vehicle. The kit should contain a brochure describing your accident scene responsibilities, a disposable camera, a pen or pencil and an accident report form.

### **Accident Review**

All accidents will be reviewed by the driver's immediate supervisor and one individual from the Safety/Risk Management Departments. The review will be based on the driver and police reports and available witness accounts. The purposes of the review are to collect the necessary to defend the company in any litigation proceedings, determine accident preventability and to consider improvements to avoid such future occurrences.

### **Accident Classifications**

**Non-Preventable Accident**: Accidents which occurred despite the fact that the driver exercised every reasonable precaution to avoid the incident. Examples of non-preventable accidents include, but are not limited to:

- 🗍 Animal strikes
- ✤ Struck while legally parked
- **4** Struck by other vehicle, while stopped in traffic

**Preventable Accident**: An accident, as ruled by the review committee, where the driver failed to exercise every reasonable precaution to avoid the incident

**Major Preventable Accident**: A preventable accident (see above) arising from a lane change, rear end collision, or intersection incident, which resulted in a fatality, injury requiring treatment away from the scene, or disabling damage (tow away) to any vehicle(s).

# **Maintenance and Garaging**

Unless it is the functional responsibility of an employee, drivers are not expected perform maintenance tasks. However, it is the responsibility of drivers to become familiar with established vehicle maintenance and garaging practices.

### Maintenance and Inspection

First, the driver must ensure that the vehicle is well maintained and safe to operate. Next, the driver should be cognizant of the appearance of the vehicle including the condition of the upholstery, body, paint, decals, windows and overall general condition. Finally, the driver must ensure that the applicable State vehicle inspection and registration is current and valid.

Drivers should conduct routine vehicle inspections to ensure that the vehicle is in safe operating condition. Such inspections should be documented using the Vehicle Inspection Form (if provided with assigned vehicle) and include such items as:

- Fluid levels and scheduled changes (Oil level, brake fluid, transmission fluid, window washer fluid and cooling system fluid
- 4 Oil or grease leaks in, around or under the vehicle.
- Helts and hoses. (Cracks, swells, wear and tear).
- Tires (inflation and tread wear)
- ➡ Wheels, rims and fasteners
- Lights, reflectors and mirrors
- Wipers and washers, A/C, heater, defroster(s).
- **H** Brakes (service, parking, emergency).

In the event of a defect, the driver must take action to repair the noted defect. Repairs outside the scope of routine maintenance and normal wear and tear must be authorized by the fleet manager, and affected at facilities approved by the company.

# **Special Policies Regarding "Pool Vehicles"**

Inspection reports must be completed upon receipt and return of vehicle. All noted defects shall be reported to the fleet manager and he/she shall be responsible for the appropriate maintenance and repair.

Emergency repairs necessary for safe operation of the vehicle, must be reported to the fleet manager. Reasonable attempts to obtain this authorization must be made prior to "on-road" repair. Re-imbursement of expenses will require submission of receipts and authorization of the fleet manager or his/her immediate supervisor.

Pool vehicles shall be parked in designated areas.

# **Garaging and Storage**

Employees not able to provide overnight off street parking will provide a written description of the planned parking practices to their supervisors, who will review and authorized the proposed plan. Vehicles garaged on company property will be parked in designated areas. Parking violations will be the responsibility of the authorized driver.

### **Driver Acknowledgement of Policies**

- 1. The company has provided me with a copy of the policies defining use of company vehicles. A company official has reviewed these policies with me and I understand and agree to comply with them.
- 2. I have received a copy of an Accident Reporting Kit and have been trained on its use in the event of an accident. I agree to comply with its instructions and understand that it is my responsibility to inform my direct supervisor as soon as possible following any accident or incident. I further understand that it is my responsibility to notify proper law enforcement agencies as soon as possible and to prepare a written report describing the accident events.
- 3. I agree not to operate any company vehicle while under the influence of drugs or alcohol. I fully understand that, should I be found operating a company vehicle while under the influence of drugs or alcohol, it shall constitute grounds for immediate revocation of driving privileges.
- 4. I agree to abide by all Federal, State and Local laws and ordinances regarding the operation and storage the company-assigned vehicle. In addition, I understand that It Is my responsibility, as a holder of a driver's license, to remain informed of and to fully comply with current and future laws and ordinances governing the operation and storage of motor vehicles.
- 5. I understand that I must report to the company any suspension, revocation or cancellation of a driver's license at the beginning of the business day following the day that I received notice of the suspension, revocation or cancellation.
- 6. I agree to allow the company to request copies of my Motor Vehicle Report as often as the Company sees fit.
- 7. I understand that my use of any Company vehicle may be revoked or restricted in the accordance to the previsions outline in company policies, which I have read and reviewed.
- 8. Should the revocation or suspension of these privileges affect the performance of my assigned job responsibilities, I understand that this will constitute grounds for suspension without pay or dismissal from my position.

# Certification

# I HAVE READ THIS ENTIRE AGREEMENT AND I FULLY UNDERSTAND THE LIMITATIONS WHICH IT IMPOSES UPON ME.

Employee	Date	Supervisor	Date