DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS

PROGRAM MANUAL

Effective Date:	May 22, 2014
Directives Subject: **Directives Number:**	Use of Government Vehicle- Fleet Management **2830.1G**
Supersede Policy and Date	2830.1F (5/24/12)
OPI:	**Management Support**
Review Date:	May 22, 2015
Approving Authority:	Thomas Faust Director

_____ 5/22/2014____

Thomas Faust, Director ***Date***

1. **PURPOSE AND SCOPE.** To establish a management system within the D.C. Department of Corrections (DOC) for the use of government vehicles.

2. **POLICY.** It is DOC policy to provide vehicular transportation to designated employees while they are conducting official agency business.

3. **PROGRAM OBJECTIVES.** The expected results of this program are:

   a. To implement a system that ensures the proper identification, maintenance and accountability of authorized vehicles assigned to the DOC for government use.

   b. To instruct employees in the safe and legal operation of DOC vehicles.

   c. To provide security and reporting procedures when accidents occur.

   d. To ensure that employees who operate DOC commercial vehicles have a valid Commercial Driver's License (CDL).

4. **NOTICE OF NON-DISCRIMINATION**

   a. In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code §2-1401.01 et seq., (Act) the District of Columbia does not

discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense or place of residence or business. Sexual harassment is a form of sex discrimination that is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

5. **DIRECTIVES AFFECTED**

a. Directive Rescinded PS 2830.1F Use of Government Vehicles (5/24/12)

Directive Referenced

1) PS 1280.2 Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences

2) PS 2921.2 Reporting Employee Accidents and On-the-Job Injuries

3) PM 6000.1 Medical Management

4) PP 6050.4 Mandatory Employee Drug and Alcohol Testing Program (MEDAT)

6. **AUTHORITY**

a. Mayor's Order 2009-160 *Government and Personal Vehicle Operators Accountability Policy (09/23/09)*

b. Mayor's Order 2000-75 *Fleet Management Policy* (5/11/00)

c. D.C. Code § 50-201 et seq., Public-Owned Vehicles

d. DC Code §50-401 through DC Code §50-405 Uniform Classification and Commercial Driver's License

e. D.C. Code Title 50, Subtitle VII, Chapter 22, Regulations of Traffic

f. DC Code §50-1731.01, et seq., Distracted Driving Prevention

g. DC Code §24-211.02 Powers Promulgation of Rules

h. District of Columbia Municipal Regulations, Chapter 18 Vehicles and Traffic

i. Consolidated Appropriations Act, 2008 (H.R. 2764)

j. DPW Department Order No. 2004-04

7. **REQUIREMENTS**

a. Fleet Certifying Official (FCO)

1) The Director shall designate and submit the name, work address, email address, and telephone number of the agency Fleet Certifying Official (FCO) to the Department of Motor Vehicles (DMV), the Department of Public Works (DPW), and the Office of Risk Management (ORM) no later than 30 days after his/her designation, and each calendar year thereafter by January 2.

2) In the event there is a change in the FCO, the Director shall immediately notify the DMV, the ORM and the DPW in writing with the new information.

3) The FCO shall maintain a fleet registry of all vehicles assigned to the DOC and submit the same to DMV. The registry shall identify the vehicles by tag number, vehicle identification number (VIN), make, model and year, and shall include the status of the vehicle (leased or owned). If leased, the name and address of the leasing company shall be provided.

b. Managers, Supervisors and Employees. All managers, supervisors and employees that use DOC government vehicles shall be knowledgeable of the laws and regulations governing operation of any vehicle while on authorized government business.

Attachment A--Vehicle Operators Acknowledgement
Attachment B--Vehicle Inspections and Operations Form

Attachment C--Motor Vehicle Accident Report Form

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CHAPTER 1

GENERAL RESPONSIBILITY AND USE

1. FLEET CERTIFING OFFICIAL (FCO) RESPONSIBILITIES

a. The Fleet Certifying Officer (FCO) shall maintain a daily record of who has custody of each vehicle at all times, miles driven, purpose of the custody or use, physical condition before and after assignment, and reported accidents, incidents, citations or summons occurring during assignment.

b. The FCO shall require annual execution of a Vehicle Operator's Acknowledgement (Attachment A) form by all employees who may operate an authorized government vehicle. Upon signing this form, operators of government vehicles shall commit to operating a vehicle in accordance with District of Columbia traffic regulations and to complying with legal requirements for answering, adjudicating and paying tickets identified as issued while the vehicle was in their possession, while the vehicle is assigned to him or her for use, or if privately owned, while used by the employee for District government business.

c. The ORM shall provide each Risk Management representative and FCO with a monthly report listing citations issued to agency vehicles through the automated traffic enforcement system. A copy of each citation will be attached to the report. The FCO shall have thirty (30) calendar days from the postmark date of the weekly report to respond to DMV. The FCO shall respond by identifying those tickets eligible for administrative dismissal and/or identify by name and driver's permit number, the vehicle operator for citations that will not be recommended for dismissal.

2. GENERAL USE OF DOC OWNED VEHICLES

a. *Official Use Only.* DOC owned vehicles shall only be used for conducting DOC business.

1) Employees required to drive Department vans/vehicles or personally owned vans/vehicles on DOC business shall be required:

a) To possess a valid driver's license to operate DOC owned or leased vehicles, including a Commercial Driver's License (CDL), if applicable and to have this license in their possession while on duty and operating the vehicle.

b) Each employee who is authorized to operate a vehicle on District government business shall annually update a Vehicle Operator's Acknowledgement Form (Attachment A). Upon signing this form, operators of government vehicles shall commit to operating a vehicle in accordance with **All** traffic regulations and agree to comply with legal requirements for answering, adjudicating and paying tickets identified as issued while the vehicle was in their possession.

c) To complete a Vehicle Inspection and Operations Form (Attachment B) before and after use of DOC vehicle.

d) The DOC prohibits the use of agency vehicles for DMV driver's tests.

2) Only District government employees or persons directly associated with District business shall travel in government vehicles.

3) Each employee authorized to use a government owned or leased vehicle shall be entered into the logbook by the FCO. Log entries shall be made before departure and upon the return of the government vehicle. At a minimum, the log should contain: name of the operator, date, destination, time in and time out; vehicle identification information, and any problems that were noted relative to the vehicle's operation or maintenance.

4) Government vehicle keys shall be returned immediately upon the operator's completion of the trip.

b. *Safety.* Drivers shall operate DOC vehicles safely and legally by:

1) Complying with all local traffic regulations, obeying speed limits, remain alert when operating the vehicle and stay free of distractions while driving.

2) Before operating the vehicle:

a) Buckle and wear seatbelts at all times when the vehicle is moving.
b) Ensure that all passengers are properly seated and seatbelts are secured.

c) Report all missing or inoperable seatbelts to the FCO for immediate replacement or repair.

3) Complying with the inspection, preventive maintenance and repair program outlined in this directive.

4) Complying with the US Department of Transportation, Federal Highway Administration, Federal Motor Carrier Regulations and DC Statutes.

5) Complying with the Distracted Driving Safety Act of 2004 (DC Law 15-124, DC Official code 50-1731.01) and DPW Department Order No. 2004-04.

6) Using only DOC owned/leased vehicles for transporting inmates.

c. *Prohibitions*

1) Smoking is prohibited in all government vehicles.

2) Drinking alcoholic beverages before or while operating a DOC vehicle.

3) Operating any DOC vehicle if taking medication that may cause drowsiness or if impaired.
4) Engaging in cell phone use, except use of official government cell phones equipped with hands free devices, while operating a government vehicle is prohibited, except in emergencies.

d. *Personal Liability for Vehicles***.** Employees shall operate government vehicles in a safe, responsible manner consistent with the intended use of the vehicle and assume personal liability when:

1) They are outside the course and scope of their employment/assigned duties and cause damage to other persons and/or their property while driving a government vehicle;

2) A non-District employee who is an occupant of a government vehicle is injured, unless prior authorization for his/her presence was granted; or

3) Payment is required for parking tickets or moving violations that have not been dismissed through the adjudication process.

3. **REPORTING ACCIDENTS, INCIDENTS, CITATIONS AND SUMMONS**

a. Employees shall make notification immediately to their supervisor of any accidents, incidents, citations or summons that occurred while operating, or having custody of, a vehicle on authorized District government business. Supervisors shall ensure that this information is forwarded to the FCO within (24) hours of its receipt.

b. When tickets are issued to employees driving government vehicles:

1) Each FCO shall, after receiving notification of outstanding ticket(s), respond to the tickets in one of two ways: by identifying those tickets eligible for administrative dismissal or by identifying by name, address and driver's permit number of the vehicle operator those tickets that will not be recommended for dismissal.

2) Each FCO shall submit to DMV those tickets identified for administrative dismissal and those tickets that are eligible to be transferred to the operator of the vehicle within thirty (30) calendar days.

3) Each FCO shall notify the vehicle operator of tickets that are not eligible for administrative dismissal and the appropriate procedure to address the ticket within fifteen (15) calendar days of receipt of notification of ticket(s).

4) Each FCO shall notify drivers who are identified as responsible for a vehicle when an infraction is issued to the vehicle of the options for answering a ticket.

c. Procedures for reporting and responding to motor vehicle accidents are provided in Chapter 4 of this directive.

4. **ROAD SERVICE EMERGENCIES.** All requests for towing inoperable vehicles shall be made to the Fleet Certifying Official.

5. **OPERATOR'S INSPECTION, MAINTENACE AND RECORD-KEEPING.** Vehicle operators are responsible for:

   a. Checking all safety equipment before driving the vehicle (Pre-Trip Inspection).
      1) Defective/damage equipment shall be reported to the FCO, and/or Vehicle Coordinator before operating government vehicles/equipment.

      2) The vehicle shall not be operated until the defects/damage is corrected.

   b. Completing a Vehicle Inspection and Operators Form as appropriate for the vehicle type.

   c. Submitting completed Vehicle Inspection and Operations Form to the Equipment Shop Supervisor, Equipment Repair Technician or Vehicle Service Coordinator immediately after using a vehicle.

   d. Each shift that assigns vehicles shall prepare one Vehicle Inspection and Operations Form or Vehicle Inspection Report as appropriate for the vehicle type.

6. **DESIGNATED WORKDAY USE VEHICLE**

   a. Vehicular assignments are made on a long-term basis to employees whose assignments and responsibilities require full workday designation of government vehicles. This category of vehicle assignment is qualified as follows:

      1) The Director or his/her designee shall determine that an employee's assigned duties cannot be satisfactorily performed without continuous availability of a suitable vehicle during duty hours;

      2) The duties performed during normal work hours require a specially equipped vehicle; and

      3) The monthly mileage claim cost of a privately owned vehicle would regularly exceed costs of assigning a government vehicle.

b. Designated Workday Use vehicles shall be assigned to:

1) Reeves Center

2) Central Detention Facility

3) Community Release Program

4) Transport Unit

5) Office of Investigative Services

6) Central Cell Block

c. "Designated Workday Use Vehicles" shall not be taken home.

7. **USE OF PRIVATELY OWNED VEHICLES ON DOC BUSINESS**

a. Use of a vehicle for District government business shall be limited to use that is within the employee's scope of employment.

b. Unless prior written authorization is provided by the Warden or above an employee is not considered to be performing District government business or acting within the scope of his or her employment driving to and from work.

c. The agency shall maintain documentation of the details of any employee's use of a personal vehicle for District government business, including the name of the employee, the make, model, tag number and year of the vehicle, the date and time of the use, the purpose of the use, and any reported accidents, incidents, citations or summonses occurring during the use.

d. An employee shall only be allowed to operate one personal vehicle for District government business and the employee shall provide a copy of the vehicle registration for this vehicle to an agency-designated manager or supervisor before using the vehicle for District government business.

e. The FCO shall maintain copies of the current registrations for all authorized personal vehicles, and the agency shall forward a copy of each registration to ORM. The agency shall notify ORM immediately of any changes in vehicles.

f. Employees who opt to use a privately owned vehicle to conduct DOC business when a DOC owned vehicle is unavailable shall receive prior written authorization from their supervisor for the use of a privately owned vehicle.

g. When driving a privately owned vehicle on DOC business, employees shall:

1) Drive courteously;

2) Comply with traffic laws; and

3) Submit documentation that privately owned liability insurance was in effect for the vehicle at the time it is used for DOC business.

4) Not transport non-District government employees unless transporting non-District government employees, such as agency clients, is one of the employee's job duties and is authorized in writing. The FCO shall maintain a copy of the authorization.

h. Employees are not covered by DOC insurance when they use a privately owned vehicle to conduct DOC business.

i. The allowance available for expenses associated with the operation of a personal vehicle for official business is limited to reimbursement for mileage at the applicable rate.

j. Within (10) ten workdays after completing travel in a private vehicle, while on authorized "travel status," employees shall submit a claim for the mileage driven on DOC business to their supervisor.

k. Supervisors shall sign and forward approved travel claims to the budget unit supervisor.

l. The budget unit supervisor shall approve claims for mileage from employees who obtained prior verbal approval from their supervisor.

8. **INSURANCE COVERAGE WHEN USING PRIVATE VEHICLE**

a. An employee who operates a privately owned vehicle while conducting District government business shall provide an agency-designated manager or supervisor with proof of automobile insurance coverage (declaration page) for the vehicle and proof of compliance with all registration, inspection, and other requirements applicable to the vehicle at the same time as the employee provides a copy of his or her driver's license. If there is a change in status of automobile insurance coverage or compliance with other requirements, the employee shall be required to notify the agency-designated manager or supervisor within three (3) business days of receipt of notice of the change.

b. The FCO shall maintain a record of this information, and the DOC shall provide copies of these documents to ORM. If the DOC authorizes an employee to use a privately owned vehicle to transport non-District government employees, such as agency clients, as part of the employee's job responsibilities, the agency shall require the employee to maintain insurance coverage for these individuals.

c. Employees are required to report business use of privately owned vehicles to their insurance carrier, if not previously reported.

d. In case of an on duty accident in a privately owned vehicle not authorized in writing:

1) The DOC shall not reimburse an employee for any physical damage to the vehicle.

2) Owners may file claims with their own insurance company to cover damages or liability.

3) The DOC self-insurance program covers costs that exceed personal insurance limits for liability.

e. DOC employees who are passengers in a privately owned vehicle, who are involved in an accident, may file claims against the owner's insurance for both medical payments and liability.

f. In case of an on duty accident in a privately owned vehicle with prior written authorization:

1) District government employees authorized to operate their personal vehicles for government business are covered by the District of Columbia Employee Non-Liability Act, approved July 14, 1960 (74 Stat. 519; D.C. Official Code § 2-411 *et seq.*), which generally provides that a District employee is not personally liable for property damage or personal injury to a third party resulting from a motor vehicle accident occurring while the employee is acting within the scope of his or her employment.

2) The District government's liability for property damage to his or her personal vehicle 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). If an employee makes a claim under this Act and the loss did not result from the employee's negligent or wrongful conduct, ORM may, in its discretion and in accordance with the Act and any applicable rules, settle such a claim for an amount that does not exceed $10,000.

3) If the employee is injured while carrying out District government business, the employee shall be 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*.).

9. **EMERGENCY VEHICLE USE**. The Fleet Certifying Official shall ensure that operators of emergency vehicles:

a. Maintain a Valid Driver's License with the appropriate commercial endorsements, as applicable to the emergency vehicle being operated.

b. Observe motor vehicle traffic laws governing the operation of emergency vehicles, to include "ambulance chase" vehicles.

c. Maintain control of the emergency vehicle at all times and give due regard to the safety of others.

d. Notify radio dispatchers when emergency vehicles are used to respond to emergencies.

10. **ADMINISTRATIVE HEADQUARTERS FLEET COORDINATOR (AHFC).** The AHFC responsibilities shall include, but not limited to:

a. Tracking the use of government vehicles by staff assigned to the Reeves Center.

b. Remove any vehicle out of service that is unsafe or in need of mechanical service.

c. Report significant damage to a government vehicle to the Fleet Certifying Official.

d. *Driver's Responsibilities*

1) Maintain a vehicle fuel level of ½ full or greater after usage.

2) Remove all trash and rubbish after usage.

CHAPTER 2

DISTRACTED DRIVING

1. **DEFINITIONS**

   a. *Hands-free accessory* means an attachment, add-on, built-in feature, or addition to a mobile telephone, whether or not permanently installed in a motor vehicle, that when used allows the vehicle operator to maintain both hands on the steering wheel.

   b. *Mobile telephone* means a cellular, analog, wireless, or digital telephone capable of sending or receiving telephone messages without an access line for service.

   c. *Other electronic device* includes, but is not limited to, hand-held computers, pagers, and video games.

   d. *Use* means talking, placing, or receiving a call, or attempting to place or receive a call, on a mobile telephone.

2. **PROCEDURES**

   a. Any employee who operates a district government or privately owned vehicle while conducting District government business shall fully comply with the Distracted Driving Safety Act of 2004, effective March 30, 2004 (D.C. law 15-124; D.C. Official Code 50-1731.01 et seq.). Employee are prohibited from driving while distracted, which includes using a mobile telephone or other electronic device while operating a moving motor vehicle in the District of Columbia unless the device is equipped with a hands-free accessory.

   b. *Office of Management Information Technology (OMITS).* OMITS shall issue hands-free electronic accessories to each employee who is designated use of DOC cellular phone.

c. *Fleet Managers.* Fleet managers and coordinators who sign out vehicles to authorized employees shall ensure that the employee reads this directive prior to release of the keys.

d. *Managers, Administrators and Office Chiefs*

1) Managers shall ensure that this directive is shared with all employees under their purview.

2) The Deputy Warden for Operations shall ensure that this directive is read at roll call for five consecutive days.

e. *Employees*

1) Employees shall ensure that they inform the referenced managers when cited for distracted driving as described in the law and this directive.

2) Employees shall immediately inform their supervisor and the Fleet Certifying Official (Motor Pool) when involved in a vehicle accident, incident, vehicular citation or summons.

CHAPTER 3

STATE ISSUE/COMMERCIAL DRIVER'S LICENSE

1. **STATE ISSUED DRIVER'S LICENSE.** Any DOC employee who operates a government owned or leased vehicle or a personally owned vehicle for business purposes shall have a valid state issued driver's license.

2. **COMMERCIAL DRIVER'S LICENSE (CDL).** Any DOC employee who operates a government owned or lease commercial vehicle shall have a CDL with a medical examiners certificate. A CDL is a license that is used in commerce to transport passengers or property.

3. For the purpose of this directive, a commercial vehicle is defined as:

   a. If the vehicle has a gross vehicle weight rating of greater than 26,000 pounds or a lesser rating as determined by federal regulation but not less than a gross vehicle weight rating of 10,001 pounds; or

   b. If the vehicle is designed to transport more than fifteen (15) passengers, including the driver.

   c. If the vehicle is used to transport a material found to be hazardous by the Mayor in accordance with Chapter 14 of Title 8.

4. Commercial Driver's License (CDL) operators must meet the requirements for a regular state driver's license, take a CDL knowledge test, successfully complete a road test, possess a medical examiners certificate and meet certain other qualifications set forth by the Department of Motor Vehicles.

5. Commercial Driver's License (CDL) operators shall abide by Section 391.25 of the Federal Motor Carrier Safety Regulations for annual review of each employee commercial motor vehicle operator's license or permit to ensure compliance with federal Motor Carriers Safety Regulations and Hazardous Materials regulations.

6. Employees with a CDL are required to self-report at least once every twelve (12) months, on all violations of motor vehicle traffic laws and ordinances (other than parking violations) of which the driver has been convicted or on account of which the driver has forfeited bond or collateral during the preceding twelve (12) months.

This reporting shall be in addition to any other reporting required by federal or District law, or District government policy.

7. The Fleet Certifying Official (FCO) shall ensure that employees operating a DOC commercial vehicle have a valid CDL with a medical examiners certificate.

8. The FCO shall maintain a photocopy of the CDL of all employees who possess a valid commercial driver's license and are authorized to operate DOC commercial vehicles.

9. The FCO shall ensure that DOC commercial vehicle operators have a valid CDL in their possession when operating a commercial vehicle.

10. The FCO shall not knowingly allow an employee to operate a commercial motor vehicle during any period in which the employee has:

    a. A driver's license suspended, revoked, or expired;

    b. Lost the right to operate or been disqualified from operating a commercial motor vehicle; and/or

    c. Have more than one (1) commercial motor vehicle license.

11. An employee shall notify the FCO when he/she becomes aware of any circumstance which adversely affects an employee's commercial driving status.

12. An employee who violates commercial driver's license laws and regulations may be subject to disciplinary action, criminal prosecution, fines or all of these penalties.

13. Each employee shall be required to provide an agency-designated manager or supervisor with a copy of his or her valid driver's license, and any additional information required for license verification, upon assuming a position in which he or she is required or authorized to operate a District government or privately owned vehicle while conducting District government business.

14. Each such employee shall be required to provide a copy of his or her driver's license and any accompanying information each year thereafter in conjunction with the employee's annual performance evaluation, and otherwise at the request of the DOC. The employee may also be required to provide verification of his or her out-of-District driver's license and driver's record.

15. The FCO shall send a copy of each employees' drivers' license and any accompanying information to ORM for verification. The FCO shall maintain a record of each employee's driver's license, driving record and the results of the verification provided.

16. Each employee is required to immediately, and no later than the next scheduled work day, notify an agency-designated manager or supervisor of any change in his or her driver's license status. Failure by an employee to timely report a change in driver's license status may result in disciplinary or administrative action. The FCO shall maintain a record of this information, and shall promptly provide this information to ORM.

17. If an employee's driver's license or driver's record fails to comply with applicable requirements for the lawful operation of a vehicle, the agency shall revoke the employee's privilege of driving a District or personal vehicle for District government business. This revocation shall be in addition to any other action that may be taken.

CHAPTER 4

VEHICLE ACCIDENT PROCEDURES

1. **REPORTING MOTOR VEHICLE ACCIDENTS.** An employee involved in a motor vehicle accident shall perform the following tasks:

   a. Notify the local police department and/or emergency medical services of all vehicles and personal injury accidents by dialing 311 for minor incidents or dialing 911 for major incidents, as appropriate.

   b. Notify the FCO and the immediate supervisor by the most expeditious method available.

   c. Provide the FCO with all pertinent information (location, who was involved, degree of damage/injury).

   d. If the vehicle can be moved without towing, the employee shall do so in accordance with law or by instruction of the responding police officer.

   e. Provide details of the accident to police officials and any investigating supervisor.

   f. Refrain from talking with witnesses and bystanders, except to get names and telephone numbers of possible witnesses to the accident.

2. **MINOR ACCIDENTS INVOLVING INMATES.** When an inmate(s) is in a vehicle that is involved in a minor accident, the following shall take place:

   a. The correctional officers shall remain with the inmate(s) at all times.

   b. The senior correctional officer shall request emergency assistance (call 911) for an accident where there are serious injuries.

   c. The senior correctional officer shall immediately notify the police in the jurisdiction where the accident occurred, the command center and their immediate supervisor about the accident.

   d. The immediate supervisor shall make notification through the chain of command to the appropriate administrator(s), notify the Fleet Certifying Official about the accident and respond to the location of the accident.

   e. Following a vehicle accident where an inmate was involved, the inmate shall be taken to the CDF Infirmary for a medical assessment.

3. **SERIOUS ACCIDENTS INVOLVING INMATES**

a. *Correctional Officer Responsibilities.* When inmates are involved in a vehicle accident where there are multiple serious injuries, the senior correctional officer shall immediately contact the immediate supervisor to make him/her aware of the situation. In the event the senior correctional officer is unable to function in his/her duties, the second officer shall:

1) Call 911 to request medical assistance to help victim(s) of the accident.

2) Request that police officers are dispatched to the accident scene to provide security to DOC inmates and to investigate the accident.

3) Provide first aid assistance and maintain visual contact of all inmates under their custody until relieved of this responsibility by local law enforcement officer(s) on the scene and/or by the correctional supervisor.

4) Not remove restrains (handcuff, leg irons, belly chains, etc.) from inmates unless ordered to remove these devices by emergency medical technicians on the scene and/or by the correctional supervisor.

b. *Transporting Injured Inmates*

1) If medical technicians respond to the accident scene to transport a seriously injured inmate(s), at least one correctional officer shall remain at the scene while the second correctional officer escorts the injured inmate to the hospital.

2) In the event that one of the transportation officers is unable to escort the inmate(s) to the hospital, the senior officer at the scene shall request that a local law enforcement officer provide security until a correctional officer is dispatched to that hospital in a DOC emergency vehicle.

3) In the event that medical technicians were unable to wait for a DOC security escort, a DOC emergency vehicle will transport correctional officers to the hospital to provide security for the inmate(s).

4) If a DOC emergency vehicle(s) arrives prior to transfer of the inmate, the vehicle will follow the ambulance and/or be part of the security team while an inmate is being transported to a hospital.

c. *Transportation Supervisor.* The Transportation Supervisor shall:

1) Use DOC emergency vehicles (emergency lights and siren equipped vehicles) to transport himself/herself and correctional officers to the scene of the accident as expeditiously as possible to provide security and assistance;

2) Provide assistance in helping correctional staff to obtain medical assistance; and

3) Contact the Fleet Certifying Official for assistance with an inoperable government vehicle.

4. **EMERGENCY TOWING.** All requests for towing emergencies shall be made to the Fleet Certifying Official.

5. **INVESTIGATING AND REPORTING VEHICLE ACCIDENTS.** The following tasks are assigned to the highest-ranking supervisor on the accident scene or the supervisor assigned to investigate the accident.

a. Ensure that the local police department and/or emergency medical services have been contacted, and collect information about the accident and any personal injuries as a result of the accident/injury, including and not limited to, alcohol and substance abuse tests results, if appropriate.

b. All motor vehicle accidents shall be reported consistent with the requirements of PS 1280.2, “Reporting and Notification Procedures for Significant Incidents and Extraordinary Occurrences”.

6. **ACCIDENT REPORT PACKAGE**

a. Within (24) hours of receiving the accident and incident reports, the FCO shall inspect the vehicle and prepare a report containing a description of the damage and an estimate of cost to repair the vehicle.

b. The FCO shall compile a report package consisting of the incident report, motor vehicle accident report, police reports, the report of damage/estimate of cost to repair and any other documents concerning the accident and forward it to the ORM, the DOC Office of Risk Management and the Deputy Director.

7. **POST ACCIDENT/INCIDENT SUBSTANCE ABUSE TESTING.** Post-accident/incident, substance abuse testing of an employee involved in an

accident/incident shall be in accordance with PP 6050.4, *Mandatory Employee Drug and Alcohol Testing Program (MEDAT*). Testing shall be imposed as follows:

a. The supervisor or designee shall refer to MEDAT for testing for the presence of illegal drugs and/or misuse of alcohol (an employee involved in an accident or other occurrence while on duty). The testing shall occur as soon as possible after the accident.

b. An employee involved in a motor vehicle accident shall be restricted from operating government motor vehicles until further determination based upon MEDAT lab test results and the accident investigation.

c. MEDAT shall notify the FCO regarding the restoration of the employee's ability to operate government vehicles/equipment.

CHAPTER 5

FLEET MANAGEMENT

1. **PURCHASE/ TRANSFER/REASSIGNMENT OF VEHICLES.** The Fleet Certifying Official shall request from the Deputy Director permission to transfer or reassign a vehicle to or from the DOC fleet.

2. **VEHICLE REGISTRATION AND INVENTORY REQUIREMENTS.** The FCO shall:

   a. Ensure that all vehicles are registered, inventoried and equipped with Department identification tags.

   b. Maintain centralized vehicle information and ownership records in document form and/or in the appropriate computerized Fleet Management System (FMS) to include:

      1) The total number of DOC owned vehicles assigned to the Department, each division and each institution.

      2) The current classification of each vehicle (make, model, etc.).

      3) The current and total operating costs of each vehicle.

3. **DOC RESPONSIBILITY FOR BORROWING VEHICLES.** When DOC has to borrow a vehicle from another agency, the FCO shall ensure the following:

   a. A completed vehicle inventory is maintained;

   b. Only personnel with the appropriate operator's permit are allowed to operate vehicles;

   c. Borrowed vehicles are maintain in a safe, operable condition during the loan period;

   d. The routine preventative maintenance is performed and documented as prescribed by the lending institution and in accordance to manufacturers' recommended maintenance schedules;

e. Damaged vehicles are repaired or replaced;

f. Borrowed equipment is returned in the same condition as received; and

g. The Warden or Administrator of the lending institution is notified immediately if the borrowed vehicle is not in safe, operating condition when received and document the condition.

CHAPTER 6

FLEET MAINTENANCE AND REPAIR

1. **FLEET CERTIFYING OFFICIAL AND/OR VEHICLE COORDINATOR(S).** The FCO and/or vehicle coordinator(s) shall:

   a. Ensure that vehicles receive preventive maintenance and repairs in accordance with established Manufacturers Maintenance Schedule and the Department's Maintenance Schedule.

   b. Provide vehicle assignment, classification, location or other information to the FCO, and forward a copy of this documentation to the Director's Special Assistant.

   c. Supply comprehensive and timely vehicle data to the Deputy Director as required to ensure compliance with DC Government regulations.

   d. Establish and maintain motor vehicle record files in a centralized location.

   e. The Vehicle Record files shall contain, at a minimum, the following documents:

      1) Applicable Vehicle Inspection and Operations Form or Drivers Vehicle Inspection Reports for the previous 30 days;

      2) Preventive Maintenance forms;

      3) Motor Vehicle Safety Inspection Checklist;

      4) Records indicating each time a vehicle safety inspection is conducted;

      5) Vehicle Work Order Forms, to include the actual cost of parts, material, labor hours or outside service labor costs;

      6) Accident reports;

      7) DC Vehicle Inspection form; and

8) Vehicle transfer documentation.

2. **REPAIRING/ADDING ACCESSORIES TO DOC VEHICLES**

a. Costs of repairs or addition of special equipment to DOC vehicles shall be suitable in regard to the use, life expectancy and assignment of the vehicles and shall be compatible with the Original Equipment Manufacturer (OEM) specifications.

b. Repairs of vehicles shall not exceed factory Original Equipment Manufacturer (OEM) specifications.

c. The fuel, emissions control and exhaust systems of vehicles shall not be modified.

d. Vehicles shall not be cannibalized except when a vehicle is no longer operable.

e. Justification of cannibalizing shall be submitted to the FCO.

3. **MAINTENANCE AND REPAIR**

a. The repair of privately owned vehicles using Department staff or equipment is not authorized.

b. **Safety Inspection.** The Equipment Shop Supervisor/Equipment Repair Technician/Vehicle Service Coordinator shall:

1) Ensure motor vehicle safety inspections are completed; and

2) Ensure that all deficiencies discovered during the vehicle safety inspections are corrected before returning the vehicle to service.

c. **Repairs.** The Equipment Shop Supervisor/Equipment Repair Technician/Vehicle Service Coordinator shall:

1) Document on the Vehicle Work Order;

2) Document all labor, materials, parts, components, costs and resources expended against a vehicle;

3) Document work performed at a Department institution or at an outside vendor/contractor;

4) Attach the associated inspection Repair Order (RO) Form or document the information on the FMS repair work order, upon completion of repairs;

5) Evaluate all repairs, prior to expending any funds/resources, to receive full benefit from the Manufacturer's Warranty;

6) Ensure that warranty repairs are performed at an authorized OEM repair facility;

7) Ensure that warranty repairs, regardless of cost/no-cost, shall be recorded on the Department Repair Work Order Form or documented in the FMS; and

8) Comply with all OEM vehicle recalls. Completion of the recall for a vehicle shall be documented in the vehicle file or recorded on a FMS repair work order.

4. **FUELING VEHICLES**

a. All vehicle operators are responsible for re-fueling the vehicle before returning the vehicle to its base-location with no less than ½ tank of gas.

b. Operators are to return the vehicles clean and free of trash.

5. **FUEL CREDIT CARDS**

a. Fuel credit cards shall be used for fuel only.

b. Any employee who discovers that a fuel credit card has been lost or stolen shall immediately report the loss to the FCO.

The FCO shall cancel the lost/stolen credit card and request that a replacement is issued.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
VEHICLE OPERATOR'S ACKNOWLEDGEMENT FORM

Operator's Name: _____

Driver's License #: _____

Agency: _____

Telephone Number: _____

Email Address: _____

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 forty-eight (48) 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 § 2-411 *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.

Signature: _____ **Date:** _____

DC DEPARTMENT OF CORRECTIONS
Vehicle Inspection and Operations Form

1. Upon signing this form, you acknowledge that you are responsible for the safe operation of this vehicle, in accordance with all D.M.V. traffic regulations. You also agree to comply with all legal requirements for answering, adjudication and paying citations identified as being issued while vehicle is in your possession.
2. You must report any accidents, incidents, citations or summons occurring doing operation of this vehicle, to your supervisor and the Transportation Unit.
3. Vehicle must be returned to the Transportation unit with a minimum of ½ tank of fuel.

Vehicle # _____ **Date:** _____

1st Driver			**1st Driver**		
Name	**Print**		**Signature**		
Time Out	Mileage Out	Fuel Out	Time In	Mileage In	Fuel In
Pick Up Point			Destination		
2nd Driver			**2nd Driver**		
Name	**Print**		**Signature**		
Time Out	Mileage Out	Fuel Out	Time In	Mileage In	Fuel In
Pick Up Point			Destination		
3rd Driver			**3rd Driver**		
Name	**Print**		**Signature**		
Time Out	Mileage Out	Fuel Out	Time In	Mileage In	Fuel In
Pick Up Point			Destination		

	Before Operations						**During Operations**						**After Operations**					
	Ok			**Faulty**			**Ok**			**Faulty**			**Ok**			**Faulty**		
Drivers	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Tires																		
Lights																		
Wipers																		
Horn																		
Fluid Levels																		
Cleanliness																		
Damage																		
Brakes																		
Steering																		
Engine																		
Safety Belts																		
First Aid Kit																		
Fire Ext.																		

4th Driver			4th Driver		
Name	**Print**		**Signature**		
Time Out	Mileage Out	Fuel Out	Time In	Mileage In	Fuel In
Pick Up Point			Destination		
5th Driver			**5th Driver**		
Name	**Print**		**Signature**		
Time Out	Mileage Out	Fuel Out	Time In	Mileage In	Fuel In
Pick Up Point			Destination		
6th Driver			**6th Driver**		
Name	**Print**		**Signature**		
Time Out	Mileage Out	Fuel Out	Time In	Mileage In	Fuel In
Pick Up Point			Destination		

	Before Operations						**During Operations**						**After Operations**					
	Ok			**Faulty**			**Ok**			**Faulty**			**Ok**			**Faulty**		
Drivers	4	5	6	4	5	6	4	5	6	4	5	6	4	5	6	4	5	6
Tires																		
Lights																		
Wipers																		
Horn																		
Fluid Levels																		
Cleanliness																		
Damage																		
Brakes																		
Steering																		
Engine																		
Safety Belts																		
First Aid Kit																		
Fire Ext.																		

REMARKS

The telephone # at the motor pool is (202)907-3380

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 OCCURED: ☐ NE ☐ NW ☐ SE ☐ SW _____ ft of _____ Street Street	STATE

TYPE OF ACCIDENT (check one)	TRAFFIC CONDITIONS (check one)	TRAFFIC CONTROLS (check one)	ROAD SURFACE (check one)	ROAD CONDITION (check one)
__ 00 Collision of vehicles __ 01 Collision with fixed object __ 02 On board school bus __ 03 Boarding/Alighting __ 04 Pedestrian __ 05 Fatality	__ 00 Unknown __ 01 Heavy __ 02 Medium __ 03 Light	__ 00 Unknown __ 01 Yield Sign __ 02 Signal __ 03 Officer __ 04 Turn Restricted __ 05 Flashing Light __ 06 Stop Sign __ 07 None __ 08 Other	__ 00 Unknown __ 01 Concrete __ 02 Asphalt __ 03 Light __ 04 Gravel __ 05 Dirt __ 06 Other	__ 01 Unknown __ 02 Repairing __ 03 Dry __ 04 Wet __ 05 Ice

ROAD TYPE (check one)	LIGHT CONDITIONS (check one)	STREET LIGHTS (check one)	WEATHER (check ALL that apply)
__ 00 Straight __ 01 Curve __ 02 Level __ 03 Grade __ 04 Crest __ 05 Underpass __ 06 Ramp __ 07 Bridge __ 08 Divided	__ 00 Unknown __ 01 Dawn/Dusk __ 02 Dark __ 03 Daylight	__ 00 Unknown __ 01 Defective street light(s) __ 02 No street light(s) __ 03 Street light(s) on __ 04 Street light(s) off	__ 00 Unknown __ 01 Fog/Midst __ 02 Clear __ 03 Rain __ 04 Snow __ 05 Sleet

Total # of Vehicles Involved: _____

District Driver & Vehicle Information

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

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

PRIMARY CAUSE OF ACCIDENT:
Insert ONE code from below for **DISTRICT** vehicle here: ☐ Insert ONE code from below for **CLAIMANT** vehicle here: ☐

__ 00 Speed
__ 01 Defective brakes
__ 02 Signal
__ 03 Auto right of way
__ 04 Pedestrian right of way
__ 05 Improper Turn
__ 06 Yield Sign
__ 07 Stop/Go light
__ 08 Flashing light
__ 09 Directional light
__ 10 Stop Sign
__ 11 Alcohol influence
__ 12 Improper passing
__ 13 One way street-wrong way
__ 14 Wrong side of street
__ 15 Improper starting
__ 16 Other Defects
__ 17 Pedestrian Violation
__ 18 Driver inattention
__ 19 Changing lanes no caution
__ 20 Failure to set parking brake
__ 21 Opened door in traffic
__ 22 Drug influence
__ 23 Improper Backing
__ 22 Defective light(s)
__ 23 Pedestrian drunk
__ 24 Road defects
__ 25 Road defects
__ 26 Driver vision obstructed
__ 27 Other: _____

DCOPM

DISTRICT OF COLUMBIA
MOTOR VEHICLE ACCIDENT
REPORT FORM

Claimant Information

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 ALL that apply)
__ 00 Fatal __ 01 Disabling __ 02 Non-disabling __ 03 None
__ 04 Unknown __05 No visible injury __ 06 complaint of pain/no visual injury

CLAIMANT CONDITION (check one)
__ 00 Fatigued __ 01 Ill __ 02 Physical defect
__ 03 Asleep __ 04 Normal __ 05 Unknown
__ 06 Ability Impaired __ 07 Ability not impaired

TYPE OF VEHICLE (check one):
__ 00 Passenger Auto __ 01 Bus __ 02 Truck __ 03 Trailer __ 04 Unknown __ 05 Taxi __ 06 Motorcycle __ 07 Bicycle
__ 08 Fire engine __ 09 Ambulance __ 10 Fixed Object __ 11 Vendor Cart __ 12 Other: _____

# of Passengers in Claimant Vehicle: _____ # of Passengers Injured in Claimant Vehicle: _____
Do you have Collision Insurance? ____Yes ___No Amount of Deductible $_____

Additional Claimant Information

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 ALL that apply)
__ 00 Fatal __ 01 Disabling __ 02 Non-disabling __ 03 None
__ 04 Unknown __05 No visible injury __ 06 complaint of pain/no visual injury

CLAIMANT CONDITION (check one)
__ 00 Fatigued __ 01 Ill __ 02 Physical defect
__ 03 Asleep __ 04 Normal __ 05 Unknown
__ 06 Ability Impaired __ 07 Ability not impaired

TYPE OF VEHICLE (check one):
__ 00 Passenger Auto __ 01 Bus __ 02 Truck __ 03 Trailer __ 04 Unknown __ 05 Taxi __ 06 Motorcycle __ 07 Bicycle
__ 08 Fire engine __ 09 Ambulance __ 10 Fixed Object __ 11 Vendor Cart __ 12 Other: _____

# of Passengers in Claimant Vehicle: _____ # of Passengers Injured in Claimant Vehicle: _____
Do you have Collision Insurance? ____Yes ___No Amount of Deductible $_____

DISTRICT OF COLUMBIA
MOTOR VEHICLE ACCIDENT
REPORT FORM

Pedestrian/Vehicle Actions:

____ Unknown
____ Against signal n crosswalk
____ From between parked cars
____ Turning right
____ Parked
____ Making U-Turn
____ Slowing/stopping
____ Changing lanes
____ Stopped
____ Other: _____

____ With signal in crosswalk
____ In crosswalk-no signal
____ Backing up
____ Turning left
____ Entering/leaving parking
____ Run off Road
____ Overtaking
____ Going straight
____ Avoiding

Witnesses Information:

Name	Address	Phone Number
1.		
2.		
3.		

LOCATION OF ACCIDENT:

____ At intersection
____ Not at intersection
____ At crosswalk
____ Not at crosswalk
____ Other: _____

Injured Person(s) Information:

Name/Address	Phone Number	Injuries/Which Vehicle
1.		
2.		
3.		

INDICATE AREA OF DAMAGE TO VEHICLES BELOW:

District Vehicle

Front Rear

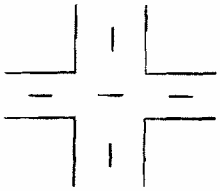
Claimant Vehicle

Front Rear

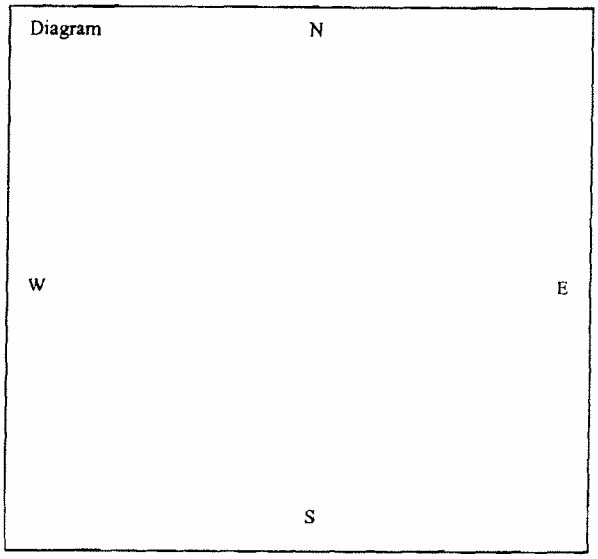
Description of Accident:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Example:



Diagram



Supervisor at Scene: _____ Complaint No.: _____

Investigating Police Officer: _____ Badge No.: _____ District/Precinct: _____

Phone #: _____

Signature of District Driver: _____ Date: _____

FAX COMPLETED FORM TO: (202) 727-0249