

*Office of Risk and
Insurance Management*

Vince Santucci

Pete Kalisky

STATE ADMINISTRATIVE MANUAL

MANAGEMENT MEMO

	NUMBER: MM 08-06
SUBJECT: STATE MOTOR VEHICLE INSURANCE ACCOUNT 2008/09 FY PREMIUM ASSESSMENT	DATE ISSUED: APRIL 28, 2008 EXPIRES: APRIL 28, 2009
REFERENCES: Government Code Sections 11290 (a), 16378, 16379 Supersedes Management Memo 07-05	ISSUING AGENCY: Department of General Services

Introduction

This management memo provides State agencies information on the State Motor Vehicle Insurance Account (SMVIA) premium assessment for the 2008/2009 fiscal year.

Motor Vehicle Insurance Account

The SMVIA is funded through assessments charged to State agencies that own vehicles/equipment. The assessment reflects the projected amount to be expended to pay claim settlements and administrative expenses, such as adjusting and defense costs.

STATE ADMINISTRATIVE MANUAL

Calculation Of Assessment

Each State agency's insurance premium assessment is based on claim experience from the last five calendar years ending December 31, 2007.

State agencies owning more than 300 vehicles are rated on their own claims experience; State agencies with fewer than 300 vehicles are grouped together and experience-rated as though they were one entity.

Attachment 1 reflects the 2008/2009 fiscal year motor vehicle self-insurance assessments for the 19 large departments rated individually and the *All Other* group.

The premium assessment for the *All Other* group will be distributed to departments in this group on a *per vehicle basis* using the last reported vehicle inventory from the Office of Fleet Administration (December 2007), applied to the 2008/09 total assessment of \$680,595 (see Attachment 1). The average rate for the *All Other* group is calculated at \$258 per vehicle.

The DGS is able to reduce the 2008/2009 assessment by approximately 12 percent from the prior year assessment of \$17 million to \$15 million (see Attachment 1).

STATE ADMINISTRATIVE MANUAL

SMVIA Program Coverage

The SMVIA provides:

- unlimited self-insured liability coverage for the State agencies and employees who operate vehicles on State business.
 - excess liability coverage for State employees on State business while driving non-State vehicles, but only after the vehicle owner's liability policy limits has been paid.
-

Coverage Limitation Exception

Effective January 1, 2004, when a non-salaried driver is involved in a motor vehicle accident while on State business, the program's coverage will be limited to \$1 million per accident, regardless of ownership of the vehicle. The driver's employing department/agency will be financially responsible for the payment of any claims, settlements, judgments or verdicts in excess of \$1 million.

Reference: State Administrative Manual (SAM) Section 2420.

STATE ADMINISTRATIVE MANUAL

Minimizing/ Reducing Vehicle Losses

State agencies can help minimize and/or reduce these losses by following State policies and recommended practices on vehicle use and operator requirements:

- Employees who operate vehicles on official business must have a valid driver's license and a good driving record.
- Agencies shall participate in the Department of Motor Vehicles (DMV) "Pull Notice Program" if they have employees who operate vehicles on official business as a condition of employment for Class A, B, or Class C drivers' licenses with special certificates.
- Authorized drivers should be permanent State employees.
- Drivers under the age of 18 may not operate State vehicles under any circumstances.
- Employees who operate vehicles on official business shall attend and successfully complete an approved defensive driver training course at least once every four years. Online registration available at:
<https://www.training.dgs.ca.gov>.

Minimizing/ Reducing Vehicle Losses (Cont.)

- Employees operating their private vehicle on official business must complete a STD. 261, *Authorization to Use Privately Owned Vehicles on State Business*. This form certifies liability insurance for the minimum financial responsibility limits as set forth in statute. Additionally, the employee certifies the vehicle is adequate for the work, equipped with operating safety belts, and is in safe mechanical condition.
- Employees must report all vehicle accidents within 48 hours to the Office of Risk & Insurance Management (ORIM) using the STD. 270, *Vehicle Accident Report* form. The form is available online at www.orim.dgs.ca.gov.

STATE ADMINISTRATIVE MANUAL

Contact

Questions concerning the vehicle self-insurance assessments can be directed to:

Gail Saruwatari, Claims Manager
Office of Risk & Insurance Management
Telephone: (916) 376-5285
Email: Gail.Saruwatari@dgs.ca.gov

Visit our website at www.orim.dgs.ca.gov for information on ORIM services.

Signature

Original SAM Management Memo signed by Will Bush, Director

Will Bush
Director

ATTACHMENT 1
2008/2009 MOTOR VEHICLE SELF-INSURANCE ASSESSMENT

Department	2007/08 Premiums	2008/09 Premiums
Conservation Corps	\$ 115,580	\$ 192,801
Consumer Affairs	90,671	74,649
Corrections & Rehabilitation	961,722	1,075,803
Developmental Services	60,788	65,284
District Agricultural Associations*	67,565	78,535
Employment Development	48,061	58,605
Fish & Game	256,911	244,706
Food & Agriculture	226,313	231,428
Forestry	245,943	257,128
General Services	1,802,965	1,791,090
Highway Patrol	3,928,696	3,474,068
Justice	500,733	475,579
Mental Health	31,455	40,667
Motor Vehicles	146,100	178,165
Parks & Recreation	757,789	652,368
Prison Industry Authority	53,107	19,781
State University	1,695,830	896,701
Transportation	5,197,957	4,378,072
Water Resources	122,194	133,978
All Others	689,621	680,595
Total Premium	\$17,000,000**	\$15,000,000

*District Agricultural Association group includes California Exposition, California Science Center, and Food & Agriculture Marketing Boards.

**Total includes expected claims paid, administrative expenses (including legal defense), and funds to build a prudent reserve.
 State

Vehicle Self Insurance Program

What is covered?



The operation of any self-propelled land vehicle including: cars, trucks, vans, lawnmowers, snow plows, mobile equipment, etc.

Damage that we cause to third parties (bodily harm or damage to property)

What is not covered?



Damage to state-owned property

(Paid for out of the department's budget)

Injuries to employees

(Covered by State Compensation Insurance Fund and/or State Disability)

Who is covered?

Any state employee, officer, or servant, whether or not compensated, but does not include an independent contractor

(Others, including permissive users of state vehicles, must look to their own insurance to obtain protection)

What is a State Vehicle?

State-Owned Vehicles: State vehicles may be owned by an individual department or be provided through the Department of General Services, Office of Fleet Administration as a short or long-term rental. A vehicle is defined as any self-propelled land vehicle and includes passenger cars, trucks, vans, lawnmowers, snow plows, and mobile equipment. Liability arising out of the operation of all of these types of vehicles is covered by the Vehicle Self Insurance Program.



Vehicle Self Insurance Program

Who pays for losses?



The Vehicle Self Insurance Program is administered through the Office of Risk and Insurance Management. Each year, losses are analyzed to estimate funds necessary to pay for losses for the following fiscal year. Loss experience for larger departments is used to allocate costs to departments in an equitable manner. While the method of calculating costs assists departments by sharing risk with other departments, ultimately each department will pay their share of dollars spent on losses based on their own experience

What about if we're not responsible for the accident?



The Vehicle Self Insurance Program actively seeks payment for the costs of repairs for damage sustained by state-owned vehicles due to accidents that someone else is responsible for.

Should I rent a vehicle? Yes!



Commercial Rental Vehicles: The Office of Fleet Administration negotiates with rental car companies each year. A list of the selected vendors and contract provisions may be found at www.ofa/services/CarRental.asp. It is important to note that while the basic terms of these contracts are standard, special limitations on rental locations, types of vehicles, and rates may apply to individual contracts. When vehicles are rented under the terms of these negotiated contracts there is no need to purchase ANY insurance as part of the rental contract. Rental car companies are responsible for any damage sustained to vehicles as well as any damages we cause third parties as a result of negligent operation of the vehicle, (up to \$500,000 for any one accident). **Use of the negotiated contracts is highly encouraged. For the contract terms to apply, State identification must be presented to the rental car company at the time the vehicle is rented.**

Use of vehicles for state business

Privately-Owned Vehicles:

Employees may use their privately-owned automobiles on official business if this is approved by the state department, (SAM 0753). Before doing so, the employee must complete STD. 261 Authorization to Use Privately-Owned Vehicles on State Business. This form must be completed annually and provides verification that:

- Employee maintains the minimum liability insurance prescribed by law, (\$15,000 per person, \$30,000 per accident for bodily injury and \$5,000 for property damage)
- That the vehicle is in good operating condition for the work to be performed, and
- That the vehicle is equipped with safety belts in working order



Liabilities associated with the negligent operation of a privately-owned vehicle will be the responsibility of the employee first. Once personal auto insurance protection has been exhausted, the state will assume responsibility for additional damages, providing protection for both the state and the employee.

Damage that is sustained to a privately-owned vehicle while being used for state business may be reimbursed if the accident was not the employee's fault. A Travel Expense Claim must be submitted in accordance with SAM 0757 and payment will be made out of the employing agency's allotted travel funds.

(This is for the collision deductible only)



How Can ORIM Keep Losses Down?

Consideration should be given to the driving experience of those we allow to use our vehicles. SAM 0751 requires that employees who operate vehicles on official business have a valid driver's license and a good driving record. This may be determined best by securing a copy of the operator's driving record from Department of Motor Vehicles. Those employees required to maintain a Class A, B, or C (with special certificate) license are required to be enrolled in the DMV Pull Notice Program. Those employees operating vehicles on state business on a frequent basis, more than once a month, should also be enrolled. For more information on this program, contact Department of Motor Vehicles, Office of Information Services, Government Processing Section, P.O. Box 944231, MSH221, Sacramento, CA 94244-2310, (916) 657-5564, or call ORIM at (916) 376-5308 and we can assist with implementation.

Defensive Driver Training

All of our vehicle operators have had at least a minimal amount of training in order for them to obtain a license to operate vehicles on our public roads. ORIM is responsible for development of driver training refresher courses designed to stimulate employees to become safer drivers, (SAM 0752). Training programs focus on educating employees about the factors that contribute to their risk of having an accident and offer suggestions for what they can do to reduce that risk.

Four different programs are offered to meet the varying training needs of individual departments. Classroom, Behind-The-Wheel, One-On-One, and Vanpool Training. ORIM is currently developing an alternative method for sharing this valuable information with employees through the use of computer-based training. For additional information on any of these programs, or to schedule a class, visit our website at www.dgs.ca.gov/orim or call (916) 376-5308.



Frequent drivers should attend an approved defensive driver training course at least once every four years, (SAM 0751 and 0752). If the driving record deteriorates significantly, specialized training should be provided and driving privileges revoked if improvement is not realized. Evaluation of the driving record is the responsibility of the supervisor, but as a general rule, the following guidelines may be used:

Not acceptable:

Four or more minor violations within the past 3 years
Two or more at fault accidents within the past 3 years
Any major violation within the past 3 years
(driving under the influence, reckless driving, speed exhibition)

Those hired to perform driving duties must be at least 18 years of age and be in possession of a valid class license based on the type of vehicle to be operated.

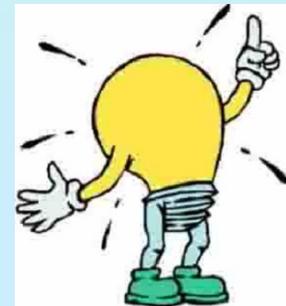


*What If You Get
In An Accident?*

Pre-Operation Procedures

Before operating a vehicle, make sure the state employee:

- Familiarize yourself with the operating features of the vehicle and conduct a preliminary check of the critical operating systems to facilitate a safe trip.
- Know the procedures for an emergency repair.
- Know how and when to use the General Services Charge Card
- Make sure the STD 269 accident report form is in the glove box.
- Know the proper procedures for reporting an accident.



A MOTOR VEHICLE ACCIDENT OCCURS, NOW WHAT HAPPENS?

If you are the state driver.

- **Do not admit fault or make any promises.**
- Call the police and make a report, preferably the CHP.
- Fill out the STD 269 card that should be in your glove compartment.
- Tear off the perforated part and give it to the other party.
- You can find STD 269 at <http://www.osp.dgs.ca.gov/StandardForms/Forms+Search.htm>



STD 269 (page 1)

STATE OF CALIFORNIA
REPORTING AUTOMOBILE ACCIDENTS

The State administers a vehicle liability self-insurance program against loss for personal injury and property damage to others. The program protects any officer or employee of the State while operating a state-owned vehicle while on official business.

All vehicle accidents which in any way involve personal injury or property damage to others must be reported within 48 hours on Report of Vehicle Accident form STD. 270. The completed report must be signed by the operator and approved by his or her supervisor.

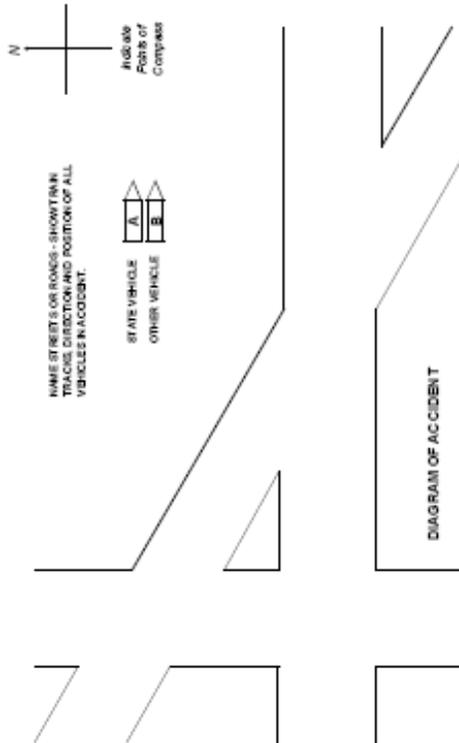
Accidents resulting in any injury to persons other than employees, or involving serious damage to the property of others, must be reported immediately by telephone to the Office of Risk and Insurance Management or an advance copy of STD. 270 may be faxed to the ORIM.

DO NOT DISCUSS ACCIDENT WITH ANYONE EXCEPT:

- a. Investigating Traffic Officers
- b. Your Supervisors
- c. Authorized State Officers
- d. State's Insurance Adjusters

Subsequent to any accident involving a State vehicle, all communications and forms, including Summons and Complaint, must be forwarded to the Department of General Services, Office of Risk and Insurance Management, Sacramento. Transmittal letter should include date and place of service together with any other pertinent information, including name of person or agency served and date of service.

COMPLETE ENTRIES ON ACCIDENT IDENTIFICATION CARD—DETACH AND GIVE TO OTHER DRIVER



HOOR	DATE	ACCIDENT DATA	
AM		CITY	COUNTY
PM		CITY	COUNTY
LOCATION (ADDRESS, INTERSECTION, ETC.)	DISTANCE FROM CURB	FEET	FEET
		APPROXIMATE ROAD WIDTH	
INVESTIGATED BY		REPORT NUMBER	
<input type="checkbox"/> POLICE DEPT.	CITY OF		
<input type="checkbox"/> SHERIFFS DEPT.	COUNTY OF		
<input type="checkbox"/> CHP	CITY		
<input type="checkbox"/> OTHER	NAME AND LOCATION		
OCCUPANTS OF OTHER VEHICLE		PHONE	
ADDRESS		PHONE	
ADDRESS		PHONE	
ADDRESS		PHONE	
OCCUPANTS OF STATE VEHICLE		PHONE	
ADDRESS		PHONE	
ADDRESS		PHONE	

STATE OF CALIFORNIA - DGS ORIM
ACCIDENT IDENTIFICATION
 STD. 269 (REV. 1/2002)

IMPORTANT
 Complete entries below, detach this card and give to other driver who may need information for financial responsibility form.

DRIVER'S FULL NAME AND WORK TELEPHONE NUMBER _____

DRIVER'S LICENSE NUMBER _____

DEPARTMENT EMPLOYED BY _____

DATE AND LOCATION OF ACCIDENT _____

YEAR AND MAKE OF STATE VEHICLE _____

LICENSE NUMBER OF STATE VEHICLE _____

E

ANY INQUIRY REGARDING ACCIDENT MAY BE ADDRESSED TO:
OFFICE OF RISK AND INSURANCE MANAGEMENT
 DEPARTMENT OF GENERAL SERVICES
 707 THIRD STREET, FIRST FLOOR
 WEST SACRAMENTO, CA 95806 (916) 378-5302
 Internet: claims@dgs.ca.gov 1-800-800-3634 Toll Free

STD 269 (page 2)

IMPORTANT		
ASK NAMES AND ADDRESSES OF WITNESSES FIRST		
1	NAME	
	ADDRESS	PHONE
2	NAME	
	ADDRESS	PHONE
3	NAME	
	ADDRESS	PHONE
INJURED PERSONS		
NAME		AGE
ADDRESS		PHONE
HOSPITAL TAKEN TO		
NAME		AGE
ADDRESS		PHONE
HOSPITAL TAKEN TO		
OTHER VEHICLES		
LICENSE	YEAR	MAKE
REGISTERED OWNER		
ADDRESS		CITY
DRIVER'S NAME		
ADDRESS		CITY
OPERATOR'S LICENSE NUMBER		EXPIRATION DATE
(OVER)		

NOTE: This accident identification card (on reverse) should be filled out, detached and given to other driver.

EVIDENCE OF FINANCIAL RESPONSIBILITY

This vehicle is owned or leased by the State of California, a public entity, and operated by employees or agents of the State. California Vehicle Code Sections 16000, 16020, 16021 et seq. state that ownership or lease of a vehicle by a public entity establishes evidence of financial responsibility.

REPORTING OF CLAIMS

In case of accident resulting in injury to persons (other than employees), or involving serious damage to the property of others, call the Office of Risk and Insurance Management IMMEDIATELY (or FAX an advance copy of STD. 270, Vehicle Accident Report, to):

During normal working hours call:

OFFICE OF RISK AND INSURANCE MANAGEMENT

(916) 376-6300/5302 (CALNET: 490-6300/5302) or

1-800-900-3634 TOLL FREE

FAX (916) 376-6277

On weekends or holidays, call:

OFFICE OF RISK AND INSURANCE MANAGEMENT

(916) 376-6295 (or CALNET: 490-6295)

and leave a Voice Mail message (which will be returned on the next business day).

- **If there were significant injuries or property damage**, report the accident to the Office of Risk and Insurance Management (ORIM) by telephone at (916) 376-5302.
- Complete the STD 270 **as soon as possible**.
- Have your supervisor or safety coordinator review the STD 270 **and sign it**.
- **FAX** a copy of the accident report (signed by employee and supervisor/safety coordinator) to the ORIM at 916-376-5277.
- The *original* STD 270 must be mailed to the ORIM within 48 hours following the accident.
- If you are contacted by the other driver, their insurance company or their attorney, refer them to the ORIM.
- Link to the STD 270 is www.orim.dgs.ca.gov



STD 270 (page 1)



Print

Clear

STATE OF CALIFORNIA - DGS ORM
VEHICLE ACCIDENT REPORT
 STD 270 (REV. 2008/2)

THIS REPORT MUST BE MAILED WITHIN 48 HOURS AFTER ACCIDENT
 (ACCIDENTS INVOLVING INJURY SHOULD FIRST BE CALLED OR FAXED
 TO ORM AT (916) 378-5362 - CALL NET 48-5362 - FAX (916) 378-5277.)

DISTRIBUTION: OFFICE OF RISK AND INSURANCE MANAGEMENT
 ORIGINAL - 737 THIRD STREET, FIRST FLOOR
 WEST SACRAMENTO, CA 95833
 COPY - STATE GARAGE (DGS passenger only)
 COPY - DEPT. FILES (Dept. operated vehicle only)
 COPY - STATE DRIVER (Dept. owned vehicle only) Page of

*** CONFIDENTIAL INFORMATION ***

DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF THE
 OFFICE OF RISK AND INSURANCE MANAGEMENT

ACCIDENT PREVIOUSLY REPORTED TO ORM? (If Yes, give date)
 YES NO

STATE DRIVER	NAME		AGE	EMPLOYING DEPARTMENT		AGENCY BILLING CODE
	DRIVER'S LICENSE NO.	ACCIDENT DATE	TIME	OFFICE ADDRESS		AGENCY DOCUMENT NO. (Optional)
	WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS? (If No, attach explanation) <input type="checkbox"/> YES <input type="checkbox"/> NO					
	DATE DRIVER LAST COMPLETED STATE PARKING DRIVER TRAINING	Month Year	<input type="checkbox"/> NOT TAKEN		JOB TITLE	BUSINESS TELEPHONE

STATE VEHICLE	VEHICLE LICENSE NUMBER	VEHICLE YEAR, MAKE, MODEL	VEHICLE OWNER	DEPT. VEHICLE NO. (Optional)
	DESCRIBE DAMAGES TO STATE VEHICLE		ESTIMATED REPAIR COST	<input type="checkbox"/> DEPARTMENT OWNED <input type="checkbox"/> DGS POOL <input type="checkbox"/> RENTAL <input type="checkbox"/> EMPLOYEE OWNED IF DEPARTMENT OWNED OR RENTAL, ENTER OWNER'S NAME

ACCIDENT DETAILS (See Reverse for Diagram and Description)	ACCIDENT LOCATION (Address/Highway)		ROAD CONDITIONS	
	(City/State)		WEATHER CONDITIONS	
	County		TRAFFIC CONDITIONS	
	POLICE REPORT MADE <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME AND ADDRESS OF INVESTIGATING AGENCY	
	AGENCY <input type="checkbox"/> CHP <input type="checkbox"/> OTHER		HOW FAST WERE YOU DRIVING? _____ EST. SPEED OF OTHER CAR _____	

OTHER VEHICLE	DRIVER'S NAME	AGE / JOB	VEHICLE LICENSE NUMBER	VEHICLE YEAR, MAKE, MODEL	NO. OF PASSENGERS
	DRIVER'S LICENSE NO.	HOME TELEPHONE	WORK TELEPHONE	REGISTERED OWNER	
	DRIVER'S ADDRESS (Street, City, State, Zip/Code)			OWNER'S ADDRESS	HOME TELEPHONE
					WORK TELEPHONE
BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY				NAME AND ADDRESS OF OTHER PARTY'S INSURANCE	

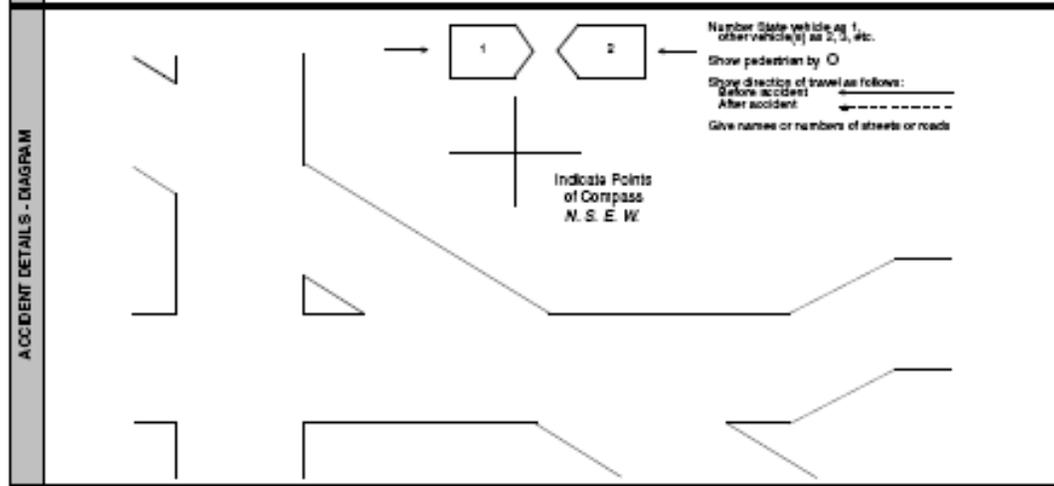
INJURED	NAME	AGE	ADDRESS	HOSPITAL
	NAME	AGE	ADDRESS	HOSPITAL

WITNESSES	NAME	TELEPHONE	ADDRESS
	NAME	TELEPHONE	ADDRESS

VEHICLE PASSENGERS OTHER	NAME	ADDRESS
	NAME	ADDRESS
	NAME	ADDRESS
	NAME	ADDRESS

STD 270 (page 2)

FULLY STATE HOW ACCIDENT OCCURRED (Give details, attach additional sheets if necessary)



VEHICLE	DRIVER'S NAME		ADDRESS	VEHICLE LICENSE NUMBER	VEHICLE YEAR, MAKE, MODEL
	DRIVER'S LICENSE NO.	HOME TELEPHONE	WORK TELEPHONE	REGISTERED OWNER	
	ADDRESS (State, City, State, Zip Code)			ADDRESS (State, City, State, Zip Code)	HOME TELEPHONE
	BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY			WORK TELEPHONE	
	NAME AND ADDRESS OF OTHER PARTY'S INSURANCE CARRIER				
ADDITIONAL VEHICLE PASSENGERS/INJURED	NAME	AGE	ADDRESS	HOSPITAL	
	NAME	AGE	ADDRESS	HOSPITAL	
	NAME	ADDRESS			
	NAME	ADDRESS			
The numbers in this report contain state and full account of the accident, and the vehicle was being operated on a date/owner of the state at the time of the accident. (The reviewing officer is to explain any exception.) Attach extra pages as necessary.				Type Name and Title of Reviewing Officer	
Employee Signature and Date			Reviewing Officer Signature (Supervisor or Safety Coordinator)		Telephone Number of Reviewing Officer

If you are the state driver's immediate supervisor or safety coordinator.

- Review and co-sign the Vehicle Accident Report (STD 270) to attest to the fact that the employee was on official state business.
- Investigate the accident to determine if it was preventable.
- Complete the Supervisor's Review of Motor Vehicle Accident (STD 274).
- Link to the STD 274 is www.orim.dgs.ca.gov
- Mail STD 274 to the ORIM at the following address:

**ORIM, Claims Unit
707 Third Street, First Floor
West Sacramento, CA 95605**



STD 274 (page 1)

STATE DRIVER ACCIDENT REVIEW

STD. 274 (REV. 1/2009)

PLEASE PRINT OR TYPE

SUPERVISOR'S REVIEW - FOR DEPARTMENTAL ACCIDENT PREVENTION

PURPOSE: To have supervisor investigate each driver accident, report facts and circumstances, confirm that the State vehicle was used on State business, and initiate or recommend action to achieve accident prevention.

HOW: Use sources of information listed on the back of this form. Report on all accidents, regardless of who was hurt, what property was damaged, or who was responsible. (SAM 2430)

WHO: SUPERVISOR who authorized the employee to drive on State business must prepare this report, code the type of accident, and forward it to the reviewing officer/safety coordinator within five days from the date of the accident. Attach STD. 274 to the departmental copies of STD. 270 (if applicable). If STD. 270 is not required, send a copy of STD. 274 to the Office of Risk and Insurance Management, Health and Safety Unit.

REVIEWING OFFICER: You are responsible for the quality (accuracy and completeness) of the supervisor's report and to initiate follow-up action.

1. DRIVER'S NAME		2. ORGANIZATION UNIT AND DEPARTMENT		3. DATE OF ACCIDENT	
4. HOW DID ACCIDENT OCCUR?					
5. WHAT DRIVING RULES, VEHICLE LAWS OR VIOLATIONS CONTRIBUTED TO THE CAUSE OF THE ACCIDENT?					
6. SUPERVISOR'S ACTION TAKEN, OR RECOMMENDATION FOR SUPERIORS TO PUT INTO EFFECT. (SEE BACK FOR SUGGESTIONS)					
7. SIGNATURE AND TITLE OF SUPERVISOR				DATE	
8. REVIEWING OFFICER: I CONCUR <input type="checkbox"/> OR I DO NOT CONCUR <input type="checkbox"/> WITH SUPERVISOR MY EVALUATION AND ACTION TAKEN:					
9. HOW WAS THE DRIVER INFORMED OF YOUR EVALUATION AND FOLLOW-UP ACTION: VERBAL DISCUSSION <input type="checkbox"/> WRITTEN MEMO <input type="checkbox"/> VERBAL AND WRITTEN <input type="checkbox"/>				DATE	
10. SIGNATURE AND TITLE OF REVIEWER				DATE	

STD 274 (page 2)

STATE DRIVER ACCIDENT REVIEW

STD. 274 (REV. 1/2009) (REVERSE)

SOURCES OF INFORMATION INVESTIGATED BY SUPERVISOR
IN ADDITION TO STD. 270 PREPARED BY DRIVER

DID YOU ?

YES NO

- QUESTION STATE DRIVER
- GO TO SCENE OF ACCIDENT
- CLOSELY EXAMINE SEAT BELTS AND SAFETY EQUIPMENT
- EXAMINE MECHANICAL DEFECTS
- READ POLICE REPORT AND CITATIONS
- REVIEW DL-254, ABSTRACT OF LICENSE RECORDS DEPARTMENT OF MOTOR VEHICLES
- REVIEW DRIVER'S FILE - DEPARTMENT RECORDS
- ASK ABOUT ANY DISTRACTIONS OR ATTENTION DIVERTERS, PRIOR TO ACCIDENT (i.e., cellphone, eating, reading, talking)
- CONSIDER, WAS OUR DRIVER INFLUENCED BY FATIGUE, ILLNESS, MEDICINE OR ALCOHOL?
IF YES, EXPLAIN _____

<input type="checkbox"/>	<input type="checkbox"/>

SOME ACTION SUGGESTIONS AND RECOMMENDATIONS
(EXPLAIN ON OTHER SIDE)

- DRIVER HABITS NEED TO BE OBSERVED IN TRAFFIC
- OUR DRIVER WAS A CONTRIBUTING FACTOR (memo to driver)
- FURTHER TRAINING BE PROVIDED (when, by whom and type)
- DEPARTMENTAL POLICY OR LOCAL RULES BE MODIFIED
- DRIVER BE DISCIPLINED (special action suggested)
- ASK ACCIDENT REVIEW BOARD TO ADVISE SUPERVISOR
- NO FURTHER PERSONNEL ACTION BE TAKEN
- RECOMMEND REMOVAL FROM DRIVING STATUS
- DISCUSS CUMULATIVE DRIVER RECORD
- RECOMMEND NEW OR CHANGE OF TRAFFIC FLOW
- CHANGE OR IMPROVE EQUIPMENT
- ASK FOR EXPERT CONSULTATION

GIVE DATE OF DEFENSIVE DRIVER TRAINING

DATE

<input type="checkbox"/> ORIENTATION - DEPARTMENT POLICIES AND RULES	
<input type="checkbox"/> CLASSROOM DEFENSIVE DRIVER TRAINING	
<input type="checkbox"/> BEHIND-THE-WHEEL TRAINING	
<input type="checkbox"/> SPECIAL MOBILE EQUIPMENT TRAINING	

SUPERVISOR - CLASSIFY FOR DEPARTMENTAL REPORTING

TYPE OF VEHICLE ACCIDENT:

COLLISION WITH OTHER VEHICLE

- 1. Evasive maneuver
- 2. Lost control
- 3. Hit other vehicle in rear
- 4. Hit from rear
- 5. Proceeding straight
- 6. Crossed into opposing lanes
- 7. Changing lanes
- 8. Making right turn
- 9. Making left turn
- 10. Backing
- 11. Mechanical failure
- 12. Collision with bicycle

SOLO ACCIDENT

- 13. Evasive maneuver
- 14. Lost control
- 15. Collided with stationary object
- 16. Backing
- 17. Runaway vehicle
- 18. Lost load
- 19. Mechanical failure
- 20. Struck or was struck by animal

STRIKING PEDESTRIAN

- 21. In a crosswalk
- 22. Not in a crosswalk
- 23. While backing

MISCELLANEOUS ACCIDENT

- 24. Explain _____

WAS ACCIDENT PREVENTABLE BY STATE DRIVER ?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If contacted by the claimant, it's OK to tell them the following:

- ORIM handles and makes **all** the decisions on accident claims.
 - Remember make no promises nor commitments to the claimants that their claim will be paid!
- Refer claimants **directly** to the ORIM (916-376-5302 or 1-800-900-3634) **to expedite the handling of their claim.**
- ORIM contacts can be found at www.orim.dgs.ca.gov

You have been served with a Small Claims Court summons and complaint.

- **You will have to appear as ordered!** No one can appear on your behalf.



- Contact ORIM and we will provide you with all the necessary documents and advice.
- We recommend you take your supervisor or safety coordinator to the trial.
- When you receive the verdict or judgment call ORIM to advise us of the results.

You have been served with a Municipal or Superior Court summons and complaint.

- **Call the ORIM immediately**
 - Fax the summons and complaint to ORIM at 916-376-5277.
 - An answer must be filed within 30 days of service to avoid a default judgment.
 - ORIM will notify the Attorney General's Office to answer the complaint and provide you with a defense.
- Always call ORIM at (916) 376-5302 or CALNET 8-480-5302 if you have any questions regarding legal service.



Misuse of a State Vehicle



- DPA 599.802 provides guidance on activities that would constitute misuse of a state-owned vehicle.
- Official State business means, “Only when driven in the performance of, or necessary to, or in the course of, State duties. No State representative shall use, or permit the use of, any State vehicle other than in the conduct of State business.”
- Misuse of a State-owned vehicle includes
 - When driven or used otherwise and in the conduct of state business.
 - When driven to or from the employee’s home or in the vicinity thereof after completion of the employee’s workday.
 - Carrying in the vehicle any persons other than those directly involved with official state business, except with the approval of employee’s immediate supervisor for each trip.
 - Using the vehicle for other than those personal needs directly essential to carrying out the official business such as obtaining food and lodging.

Where State Vehicles May Be Operated

- **Primarily concentrated within the State of California**
- **All other States are OK.**
- **Mexico or other countries are covered but their government may not recognize our self-insurance policy and may require specific insurance for their country.**
- **ORIM can assist and obtain specific insurance for this purpose.**



Final Safety Tips

- **Drive at a safe speed for conditions such as rain, snow, ice, fog, wind, etc.**
- **Use a hands-free cell phone**
- **No text-messaging as of 1/1/09**
- **Always pull over to take notes or write anything down**
- **Keep both hands on the wheel at all times.**
- **Always pay attention.**

