SUBJECT:    MOTOR VEHICLE PROCEDURE

PURPOSE:   To promote the safe the authorized operation of motor vehicles operated on behalf, or for the benefit, of the Maine Community College System

I. INTRODUCTION

A. APPLICATION

This Procedure governs the use of vehicles owned by the System, College and State of Maine ("System vehicles"), and vehicles owned by persons other than those entities ("personal vehicles") when such vehicles are used on behalf, or for the benefit, of the System.

B. DEFINITIONS

For purposes of this Procedure, the term "System" includes the Maine Community College System Office, each community college, the Center for Career Development and Maine Quality Centers. The term "vehicle" means automobiles, vans and trucks used to transport people.

C. COMPLIANCE

Failure to comply with this Procedure may result in loss of System driving privileges; denial of reimbursement; denial of defense and/or indemnity; participation in a defensive driving course; and/or disciplinary action as outlined in applicable System policies and procedures.

D. COORDINATION

This Procedure shall be coordinated with the pertinent rules, regulations, advisories and program of insurance administered by the State of Maine’s Division of Risk Management ("Risk Management").

II. PERSONAL VEHICLES

This Section applies to drivers and passengers of personal vehicles when the vehicles are operated on behalf, or for the benefit, of the System.
A. OBLIGATIONS OF DRIVERS AND PASSENGERS

1. Provide a Safe Vehicle

The driver must ensure that the vehicle has a current registration and safety inspection sticker, and is otherwise safe to operate.

2. Proper License and Authorization

The driver must have on his/her person a current State of the United States or Canadian driver's license valid for the class of vehicle being operated. A person is prohibited from operating a personal vehicle for System business if the person knows or should know that the person's right or ability to operate such a vehicle is impaired, restricted, suspended or revoked.

3. Proof of Insurance

All personal vehicles must be insured to at least the limits required by the State of Maine. Valid insurance cards must be carried in the vehicle. Vehicle owners must verify with their insurance carriers if special insurance is required for a trip to Canada.

4. Seat Belts Required

Drivers and passengers must use seat belts while the vehicle is in motion, unless expressly excused in writing for medical reasons by a physician.

5. Obey All Laws

Drivers and passengers must obey all state and local motor vehicle laws. Tickets, summonses, citations and violations are the personal responsibility of the drivers and passengers.

6. No Hitchhikers

Transporting hitchhikers is prohibited.

7. No Drugs or Alcohol

No illegal drugs, controlled dangerous substances or opened alcoholic beverages may be carried or consumed in vehicles. Unopened alcoholic beverages must, where possible, be carried in the trunk. No driver may operate a vehicle if the driver has consumed a substance that may impair the driver's ability to drive safely.
B. ACCIDENTS

1. Liability

Losses occurring during an employee's use of a personal vehicle for approved System business will first be paid from the vehicle owner's personal vehicle liability insurance. System vehicle liability coverage, if any, will be in excess of that personal insurance. For additional information, see the appropriate System or College Director of Finance.

2. Reporting

Accidents with a personal vehicle during System business must be reported to appropriate System or College personnel and Risk Management (Phone: 1-800-525-1252 or 207-287-3351). This reporting requirement is in addition to reporting the accident to one's personal vehicle insurance agent or company. Additional reporting procedures set forth in Section III (G) of this Procedure must also be followed.

III. SYSTEM, COLLEGE AND STATE OWNED VEHICLES

This Section applies to use of all vehicles owned by the System, College and State of Maine (collectively “System Vehicles”).

A. PURPOSE OF USE

All vehicles must be used for official business only, coincident and minimal personal use excepted.

B. PRE-APPROVAL OF ALL DRIVERS

Any person seeking to operate a System vehicle must meet the following criteria and comply with the following procedures BEFORE operating the vehicle. No person other than an employee may drive a vehicle outside the State of Maine (including other states and Canada) without the express written consent of a College or System president.

1. All Employees (including student employees) must:
   a. be at least 18 years of age;
   b. possess a valid and appropriately classified State of the United States or Canadian driver's license;
   c. complete Vehicle Use Agreement I (Attachment A-1); and
   d. be approved by the System for operation.

2. All Other Persons (such as Independent Contractors, Interns and Volunteers) must:
   a. be at least 18 years of age;
b. possess a valid and appropriately classified State of the United States or Canadian driver's license;
c. show proof of valid motor vehicle insurance;
d. complete the Risk Management Vehicle Use Agreement II (Attachment A-2); and
e. have Risk Management approve the Agreement.

3. **Students Who Are Not Employees** must:
   a. have the written permission of the appropriate System or College official;
   b. be at least 18 years of age;
   c. possess a valid and appropriately classified State of the United States or Canadian driver's license;
   d. show proof of valid motor vehicle insurance;
   e. complete the Risk Management Vehicle Use Agreement II (Attachment A-2); and
   f. have Risk Management approve the Agreement.

C. **RIGHT TO DENY APPROVAL**

The System reserves the right to deny approval to use a vehicle for any person for any reasonable cause.

D. **POST-APPROVAL DUTY OF ALL DRIVERS**

Any person approved to operate a System vehicle is prohibited from operating such a vehicle if, following that approval, the person knows or should know that the person's right or ability to operate such a vehicle is impaired, restricted, suspended or revoked. Persons whose right or ability to so operate a vehicle are required to notify promptly the appropriate System or College official.

E. **OBLIGATIONS OF OPERATORS AND PASSENGERS**

1. **Seat Belts Required**

   Drivers and passengers must use seat belts while the vehicle is in motion, unless expressly excused in writing for medical reasons by a physician.

2. **Obey All Laws**

   Drivers and passengers must obey all state and local motor vehicle laws. Any traffic tickets, parking tickets or other summonses, citations or violations are the personal responsibility of the drivers and passengers.
3. No Hitchhikers

Transporting hitchhikers is prohibited.

4. No Drugs or Alcohol

No illegal drugs, controlled dangerous substances or opened alcoholic beverages may be carried or consumed in vehicles. Unopened alcoholic beverages must be carried in the trunk and only upon a president's authorization. No driver may operate a vehicle if the driver is affected by a substance that may impair the driver's ability to drive safely.

5. Locking Vehicles

Unattended vehicles must be locked.

6. Firearms and Weapons

Firearms and weapons may not be transported in vehicles unless specifically authorized in writing by the System or a College President.

7. Mandatory Vehicle Contents

The driver must ensure that the following are present in the vehicle during the driver's use.

a. Glove Compartment shall have

(1) Registration certificate;
(2) Accident report forms;
(3) Current list of emergency contacts; and
(4) Applicable insurance card, including any Canada Non-Resident Inter-Province Motor Vehicle Liability Insurance Card for trips to Canada.

b. Trunk or cab shall have:

(1) First aid kit, including rubber gloves and first aid manual;
(2) Fire-retardant blanket;
(3) Flashlight;
(4) Flares or battery-operated strobe light; and
(5) Fire extinguisher.
8. Duty to Report Damage to, or Malfunction of, Vehicles

Upon return, the driver must immediately report in writing to the College Director of Finance or System Chief Financial Officer any vehicle conditions that the driver has reason to believe require attention (i.e., problems with brakes, steering, lights or seat belts).

F. OBLIGATIONS OF INSTITUTIONS

1. Maintenance and Repairs
   a. Each vehicle must be properly identified by legal registration plate(s) issued by the State of Maine and attached to the proper motor vehicle. The registration certificate must be kept in the glove compartment of the vehicle.
   b. Vehicles must be maintained on a reasonable schedule.
   c. All vehicles must receive and pass an official inspection station safety check as required by the motor vehicle laws of the State of Maine.
   d. Complete records for repairs, maintenance, tires and other expenditures must be maintained for each vehicle. Records must also include written reports of all damage or any requests for repairs.

2. Hires Prohibited

   No vehicle may be used for hire without prior written approval from Risk Management.

G. ACCIDENTS

The following applies to all drivers of personal and System Vehicles are operated on behalf, or for the benefit, of the System.

1. Reporting

   The driver involved in an accident is responsible for obtaining and reporting all facts and information to appropriate System personnel and, in some cases (see below), to Risk Management. The driver must follow the procedures outlined in the Accident/Incident Report form (Attachment A-3). The driver must, unless circumstances do not allow, complete the accident form in its entirety while at the accident scene. This will ensure that all necessary information is gathered while it is readily available. The driver must sign the form and immediately give the form to the office of the Director of Finance which shall mail the form to Risk Management within 24 hours of the accident.

   In the event the driver is unable to comply with these procedures, the driver's immediate supervisor must complete the form at the earliest possible opportunity and immediately give the form to the office of the Director of Finance which shall mail the form to Risk Management.
2. **General Guidelines**

   a. Do not discuss the accident or incident with anyone except appropriate System personnel, Risk Management or the police, and do not discuss or admit fault.

   b. If other persons are involved in the accident, attempt to obtain the:

      (1) names and addresses of the driver, passengers, vehicle owner and all witnesses;

      (2) name of insurance company, policy number and name of policyholder; and

      (3) make, year and license number of the vehicle.

   c. Although some accidents do not result in the need to report the incident to the police, most will require a report to police. Drivers must use their own discretion in this regard. **When in doubt, call the police**; they will determine whether there is a reportable accident.

H. **VEHICLES ASSIGNED TO PRESIDENTS**

Notwithstanding the foregoing provisions of this section, the use of the vehicles assigned to the System and College presidents for their personal and official use shall be subject to those provisions appropriate for such dual use.

I. **OTHER EXCEPTIONS**

The provisions of this Section III shall not apply to vehicles owned by a College or System and used in

1. an automotive or education program and operated solely on System owned property; and

2. a tractor trailer education program operated by a College.

IV. **LEASING OF VEHICLES**

Any person leasing a vehicle from a commercial leasing entity must comply with the following:

A. If the lease is outside of Maine, or the lease is inside of Maine but less than thirty (30) days, the person must purchase at least $400,000 per occurrence single limit liability coverage and all available collision coverage; and

B. If the lease is inside of Maine and is for more than thirty (30) days, the person must contact Risk Management to determine the necessary types and levels of insurance.
REFERENCES:

DATE ADOPTED:

DATE(S) AMENDED: January 26, 2010, December 12, 2017
VEHICLE USE AGREEMENT I (EMPLOYEE FORM)  
For Use of College, System and State-Owned Vehicles (Not Personal Vehicles)  
To be Completed by Employees (including Student Employees)

I (print name) ___________________________, being age 18 or older, understand and agree that my use of the (name of college or MCCS): _______ vehicle assigned to me for the dates from ______/____/____ to ______/____/____ (maximum one year) shall be exclusively for the fulfillment of (name of college or MCCS): _______ business for which I have been engaged. I understand and agree that I am not to use the vehicle for any other reason whatsoever (human life threatening medical emergencies excepted). I agree to operate this vehicle in a safe, prudent and lawful manner at all times and to comply with the System’s Motor Vehicle Procedure. Seat belts shall be worn by all vehicle occupants when the vehicle is in motion. I will not permit any other person to operate the vehicle. I will not drive this vehicle out of the State of Maine. I do truthfully state that I have a valid, non-conditional driver’s license and that my privilege to drive is not currently under suspension. I will not drive this vehicle for any other reason whatsoever (maximum one year).

One of the following MUST be checked:

☐ (1) I do truthfully state that in the past five years my license was not suspended and I was not convicted or adjudicated of any alcohol or drug related driving violations or of any unsafe motor vehicle operations including, but not limited to, speeding, distracted driving, improper passing, failure to yield right of way, or stop sign violations.  
☐ (2) I do truthfully state that in the past five years my license was suspended or I was convicted of the following motor vehicle violations (please list; attach another page if necessary):

Type of violation: ____________________________ Date: ______/____/____

Type of violation: ____________________________ Date: ______/____/____

Type of violation: ____________________________ Date: ______/____/____

If box #2 is checked, Risk Management Division reserves the right of final approval and the vehicle may NOT be operated by this driver until approved by Risk Management Division.

I CERTIFY THAT I UNDERSTAND AND AGREE THAT I HAVE A CONTINUING DUTY TO NOTIFY THE COLLEGE OF ANY CONVICTION, CHARGE OR DISQUALIFICATION AFTER I HAVE COMPLETED THIS FORM FOR AS LONG AS I AM AN EMPLOYEE OF THE COLLEGE/SYSTEM.

IMPORTANT NOTICE TO DRIVER: DO NOT SIGN BELOW UNLESS YOU HAVE READ AND UNDERSTAND THIS DOCUMENT. BY SIGNING YOU AGREE THAT IF YOU MADE ANY MATERIAL FALSE STATEMENT ON THIS DOCUMENT OR USE A (name of college or MCCS): _______ VEHICLE OTHER THAN AS PERMITTED BY THIS AGREEMENT, RISK MANAGEMENT DIVISION IN ITS OWN DISCRETION MAY DECIDE NOT TO INSURE YOUR OPERATION OR USE OF A COLLEGE OR MCCS VEHICLE AND MAY DECLINE TO DEFEND AND INDEMNIFY YOU IN THE EVENT A CLAIM IS BROUGHT AGAINST YOU.

_________________________________________ Date Signed ______/____/____

Driver Signature

_________________________________________ Date Signed ______/____/____

Signature and Title of Authorizing Official

_________________________________________ Date Signed ______/____/____

Printed Name of Authorizing Official

_________________________________________ Printed name of college or MCCS

Oficial’s Phone # ______/____/____

Official’s Fax # ______/____/____

PROCESSING DIRECTIONS: When ALL of the above information is completed, immediately send or fax this form to Risk Management Division, 85 State House Station, Augusta, ME 04333-0085; Fax 287-4008. If RMD pre-approval for this driver is needed, RMD will contact you as soon as possible. If you have any questions, please call 1-800-525-1252 or 287-3351.

For Risk Management Division Use Only

☐ Approved ☐ Not Approved ☐ RMD Approval Unnecessary ☐ Approved with this restriction: ________________________________________________________________

Department notified this date By: ☐ Fax ☐ Phone ☐ Other ___________________________ Date: ______/____/____

Risk Management Signature: ___________________________________________ Date: ______/____/____
Who are NOT Employees of the System

VEHICLE USE AGREEMENT II (NON-EMPLOYEE FORM)
For Use of College, System and State-Owned Vehicles (Not Personal Vehicles)
To be Completed by Persons Who are NOT Employees of the System

I (print name) ____________________________________________, being age 18 or older, understand and agree that my use of the (name of college or MCCS) ________ vehicle assigned to me for the dates from __/__/____ to __/__/____ (maximum one year) shall be exclusively for the fulfillment of (name of college or MCCS) ________ business for which I have been engaged. I understand and agree that I am not to use the vehicle for any other reason whatsoever (human life threatening medical emergencies excepted). I agree to operate this vehicle in a safe, prudent and lawful manner at all times and to comply with the System’s Motor Vehicle Procedure. Seat belts shall be worn by all vehicle occupants when the vehicle is in motion. I will not permit any other person to operate the vehicle. I will not drive this vehicle out of the State of Maine. I do truthfully state that I have a valid, non-conditional driver’s license and that my privilege to drive is not currently under suspension. I grant permission to the State to verify my State of Maine license information and motor vehicle driving record and willingly offer the following license information:

Date of Birth   /   /   License Number & State __________________________   

(If not ME the applicant must provide a current copy of their driving record)

One of the following MUST be checked:

☐ (1) I do truthfully state that in the past five years my license was not suspended and I was not convicted or adjudicated of any alcohol or drug related driving violations or of any unsafe motor vehicle operations including, but not limited to, speeding, distracted driving, improper passing, failure to yield right of way, or stop sign violations.

☐ (2) I do truthfully state that in the past five years my license was suspended or I was convicted of the following motor vehicle violations (please list; attach another page if necessary):

<table>
<thead>
<tr>
<th>Type of violation:</th>
<th>Date: / /</th>
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<tbody>
<tr>
<td>Type of violation:</td>
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</table>

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IMPORTANT NOTICE TO DRIVER: DO NOT SIGN BELOW UNLESS YOU HAVE READ AND UNDERSTAND THIS DOCUMENT. BY SIGNING YOU AGREE THAT IF YOU MADE ANY MATERIAL FALSE STATEMENT ON THIS DOCUMENT OR USE A (name of college or MCCS): ________ VEHICLE OTHER THAN AS PERMITTED BY THIS AGREEMENT, RISK MANAGEMENT DIVISION IN ITS OWN DISCRETION MAY DECIDE NOT TO INSURE YOUR OPERATION OR USE OF A COLLEGE OR MCCS VEHICLE AND MAY DECLINE TO DEFEND AND INDEMNIFY YOU IN THE EVENT A CLAIM IS BROUGHT AGAINST YOU.

Driver Signature ___________________________________________ Date Signed / /

Signature and Title of Authorizing Official ______________________________________ Date Signed / /

Printed Name of Authorizing Official ____________________________________________ Printed name of college or MCCS __________________________

Official’s Phone # ______________________ Official’s Fax # ______________________

PROCESSING DIRECTIONS: When ALL of the above information is completed, immediately send or fax this form to Risk Management Division, 85 State House Station, Augusta, ME 04333-0085; Fax 287-4008. If RMD pre-approval for this driver is needed, RMD will contact you as soon as possible. If you have any questions, please call 1-800-525-1252 or 287-3351.

For Risk Management Division Use Only
☐ Approved  ☐ Not Approved  ☐ RMD Approval Unnecessary  ☐ Approved with this restriction: __________________________

Department notified this date By: ☐ Fax ☐ Phone ☐ Other __________________________ Date: / /

Risk Management Signature: ___________________________________________ Date: / / Rev 11/17
THE ACCIDENT / INCIDENT

Date of Accident: __________ Time: _____ □ AM □ PM
Location of Accident: ___________________________________________
Town/City: ___________________________________________
Nearest Landmark: ___________________________________________
Weather Conditions: ___________________________________________
Road Conditions: ___________________________________________
Police Department: ___________________________________________
Investigating Officer: _________________________________________

STATE VEHICLE (#1)

Driver: ___________________________________________
Home Address: _________________________________________
City: _______ State: _______ Zip: __________
Phone: Home# _______ Work# _______
Date of Birth: ___________ Driver’s License#: ___________
Dept: _______________ Bureau/Division: __________________
Direct Supervisor: ____________________
Vehicle Year, Make, Model: _______________________
Plate#: __________________ Mileage: __________
Description of Damage: ____________________________
Estimate of Damage: $ ___________
Is this an authorized emergency vehicle? □ Yes □ No
Is this a Central Fleet Management vehicle? □ Yes □ No
(IF YES AND THERE IS ANY DAMAGE TO CPM VEHICLE,
CONTACT CENTRAL FLEET AS SOON AS POSSIBLE AT
1-800-368-7013 WITHIN MAINE OR 207-287-7012 OTHERWISE)

OTHER VEHICLE (#2)

Driver: ___________________________________________
Street Address: _________________________________________
City: _______ State: _______ Zip: __________
Phone: Home# _______ Work# _______
Driver’s Date of Birth: ___________ License#: ___________
Owner: ___________________________________________
Street Address: _________________________________________
City: _______ State: _______ Zip: __________
Phone: Home# _______ Work# _______
Vehicle Year, Make, Model: _______________________
Plate#: __________________ Description of Damage: ___________
Insurance Agent or Company: _______________________
Address: ___________________________________________
Phone# __________________ Policy#: ___________

Were other vehicles/drivers involved? □ Yes □ No
Any other property damage? □ Yes □ No
If yes to either of these questions, please provide
information on the back or a separate form if necessary.

INJURED PERSONS

Were there any injuries reported? □ Yes □ No
If yes, you MUST call Risk Management Division immediately at 1-800-525-1252.

Name of injured person: _______________________________________
Address: ___________________________________________
Location in accident: _______________________________________
Description of injury: _______________________________________
Age: _______ Gender: _______ Phone#: ___________

Name of injured person: _______________________________________
Address: ___________________________________________
Location in accident: _______________________________________
Description of injury: _______________________________________
Age: _______ Gender: _______ Phone#: ___________

DESCRIPTION OF ACCIDENT/INCIDENT

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Use additional space on back to complete description or draw a diagram.

PASSENGERS OR WITNESSES

Name: ___________________________________________
Address: ___________________________________________
Location in accident: _______________________________________

Name: ___________________________________________
Address: ___________________________________________
Location in accident: _______________________________________

I HAVE READ AND COMPLETED THIS ACCIDENT / INCIDENT REPORT. THIS STATEMENT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

X ____________________________
Driver’s Signature (REQUIRED) Date ___________

FOR RISK MANAGEMENT DIVISION USE ONLY
File#