

MAINE COMMUNITY COLLEGE SYSTEM

HEALTH AND SAFETY Section 800.1

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 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):

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 MANAGEENT 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.

_____ <i>Driver Signature</i>	_____ <i>Date Signed</i>
_____ <i>Signature and Title of Authorizing Official</i>	_____ <i>Date Signed</i>
_____ <i>Printed Name of Authorizing Official</i>	_____ <i>Official's Phone #</i>
_____ <i>Printed name of college or MCCS</i>	_____ <i>Official's Fax #</i>

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.

<i>For Risk Management Division Use Only</i>	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> RMD Approval Unnecessary <input type="checkbox"/> Approved with this restriction: _____	
Department notified this date By: <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Other _____	
Risk Management Signature: _____	Date: ___ / ___ / ___ Rev 11/17

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):

Type of violation: _____ Date: ___/___/___
Type of violation: _____ Date: ___/___/___
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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.

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 MANAGEENT 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
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 CFM VEHICLE, CONTACT CENTRAL FLEET AS SOON AS POSSIBLE AT 1-800-300-7013 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

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 _____ Date
Driver's Signature (REQUIRED)

FOR RISK MANAGEMENT DIVISION USE ONLY
File#