

Office of Court Administration

Driving Policy

Revised: January 16, 2015

Approved by: 
David Slayton

DRIVING POLICY

- I. GENERAL POLICY
 - II. GENERAL PROCEDURE AND RESPONSIBILITIES IN THE EVENT OF A MOTOR VEHICLE ACCIDENT INVOLVING AN EMPLOYEE WHILE ON DUTY
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APPENDIX A - VEHICLE ACCIDENT REPORT

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APPENDIX C -ACCIDENT INVESTIGATION AND REPORTS

I. GENERAL POLICY

A. All Office of Court Administration Employees

1. This policy applies to all Office of Court Administration (OCA) employees, including Specialty Court Program associate judges, court coordinators and court reporters.
2. OCA employees shall exercise normal prudent care in operating a motor vehicle while conducting OCA business. The term "motor vehicle" shall hereinafter mean any motor vehicle driven by an agency employee while conducting OCA business regardless of whether the motor vehicle is owned by the agency, privately owned by an agency employee or third party, or a rental vehicle.
3. Employees who operate motor vehicles while conducting OCA business are required to:
 - a) possess a valid Texas driver's license;
 - b) follow all state traffic safety laws and vehicle operation requirements listed in Appendix B; and
 - c) comply with the procedures set forth in Section II below if involved in a motor vehicle accident while on duty.
4. Violation of this policy may subject the employee to disciplinary action, which may include termination. **Nothing in this policy changes or limits the employment at-will status of an employee and the agency's right to terminate an employee at any time.**

B. Certain Employees Whose Duties Require them to Travel

1. Employees whose duties require them to operate a motor vehicle an average of four hours a week or more, as determined by the OCA Human Resources Officer in coordination with the employee's immediate supervisor,¹ or who hold positions that were posted as requiring 10% or more travel, must, in addition to the provisions of this policy applicable to all employees: a) maintain a good driving record and b) report to their immediate supervisor and the OCA Human Resources Officer any revocation or suspension of a driver's license no later than the first regular work day following the suspension or revocation.
2. All vacancy postings involving positions with duties that require them to operate a motor vehicle an average of four hours a week or more or that are posted as requiring 10% or more travel will note that a valid driver's license is a condition of employment.

II. GENERAL PROCEDURE AND RESPONSIBILITIES IN THE EVENT OF A MOTOR VEHICLE ACCIDENT INVOLVING AN EMPLOYEE WHILE ON DUTY

A. Employee's Responsibilities at the Scene

1. Render aid and assistance to any injured persons.
2. Notify the proper law enforcement agency having jurisdiction at the place of the accident.
3. Comply with all state laws regarding motor vehicle accident reporting and investigation. (See Chapter 550 of the Transportation Code available on line at www.capitol.state.tx.us under Legislative Resources, Texas Statutes.)
4. Do not sign any waiver concerning the accident. Assist law enforcement personnel in their investigation, but do not speculate about what happened. If you do not know or are unsure of the answer to any question, state you do not know.
5. Engage in no arguments and refer all complaints to the Human Resources Officer.
6. Obtain the names, telephone numbers, and addresses of the drivers of all other vehicles involved in the accident, if possible. Also obtain the names of their insurance carriers, policy numbers, and carriers' claim telephone numbers.
7. Obtain the names, addresses, and telephone numbers of witnesses, if possible.

¹ For purposes of this policy, the immediate supervisor of the Special Court Program associate judges, court coordinators and court reporters is their regional presiding judge.

8. If a camera is available, obtain photographs of all vehicles, showing the condition and damage of each vehicle.
9. If not injured, remain at the scene until the investigation is completed or until released by law enforcement personnel at the scene.

B. Notice to Supervisor and Human Resources Officer

1. An employee involved in a motor vehicle accident while on duty shall notify his/her immediate supervisor and the Human Resources Officer of the accident as soon as possible, but not later than the first regular work day following the day of the accident. An employee needs to be prepared to provide the following information to the Human Resources Officer at that time:
 - a) Time and location of the accident.
 - b) Other occupants in employee's motor vehicle.
 - c) License plate/serial number of employee's motor vehicle.
 - d) Nature of injuries, and/or property damage.
2. An employee involved in a motor vehicle accident shall complete a Vehicle Accident Report Form VEH/ACC-1 (see Appendix A). Copies of this form can also be obtained from the Human Resources Officer. The employee must submit the motor vehicle accident report from the law enforcement agency (if applicable) and Form VEH/ACC-1, along with any photographs or film, to the Human Resources Officer within three working days after a motor vehicle accident has occurred.
3. The employee is also responsible for filing the accident report with the appropriate law enforcement authority, as applicable, and for complying with any other requirements of state law relating to drivers involved in a motor vehicle accident.
4. The employee shall provide any other information relating to the accident as requested by the Human Resources Officer.
5. An employee who is involved in a motor vehicle accident which occurs while on duty that results in an employee injury must inform the Human Resources Officer of the injury. The Human Resources Officer will coordinate with the agency's Workers' Compensation Claims Coordinator so that the Employer's First Report of Injury or Illness (Form DWC-1S) can be completed according to the applicable rules and instructions contained in the Claims Coordinator Handbook.

VEHICLE ACCIDENT REPORT

Date: _____ Time: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> Daylight <input type="checkbox"/> P.M. <input type="checkbox"/> Dark	DIRECTION of TRAVEL: N S E W Other Yours <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____																																																																																																																																																																																																																			
LOCATION: Name of Street or Highway Number _____ Closest Intersection or Landmark _____ City, Town, Country _____ State _____	SPEED: Posted _____ Actual When Danger Noticed _____ Yours _____ Other _____																																																																																																																																																																																																																			
WEATHER: <input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Fog <input type="checkbox"/> Sleetng <input type="checkbox"/> Dust/Smoke/Fog <input type="checkbox"/> High Wind <input type="checkbox"/> Other: _____ AREA: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Rural <input type="checkbox"/> Other: _____ PAVEMENT: <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel/Dirt <input type="checkbox"/> Brick/Stone <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____ CONDITION: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Slippery <input type="checkbox"/> Pot Holes <input type="checkbox"/> Other: _____	TRAFFIC CONTROL: Stop Sign: <input type="checkbox"/> 1 Way <input type="checkbox"/> 2 Way <input type="checkbox"/> 3 Way <input type="checkbox"/> 4 Way <input type="checkbox"/> Yield <input type="checkbox"/> Railroad <input type="checkbox"/> Police/Flag Person <input type="checkbox"/> Not an Intersec. <input type="checkbox"/> Uncntrl. Intersection <input type="checkbox"/> Other: _____ SEAT BELT: <input type="checkbox"/> Used <input type="checkbox"/> Not Used AIR BAG INFLATED: <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																																																																			
<h4 style="text-align: center;">ACCIDENT DESCRIPTION</h4> Briefly tell how the accident happened. Indicate movement of involved vehicles when hazard was first noticed, warning or evasive action taken, and length and position of any skid marks. _____ _____ _____																																																																																																																																																																																																																				
<h4 style="text-align: center;">ACCIDENT SKETCH</h4> Draw an accident sketch. Show and label roadway, indicate number of lanes, direction of travel, and signage. Number each vehicle and show direction of travel from point hazard was noticed to point of impact by a solid line and any travel after impact by a dotted line. _____																																																																																																																																																																																																																				
SYMBOLS: Your Vehicle 1 Other Vehicle(s) 2 3 Pedestrian Stop Sign F Yield ∇ Railroad \times Point of Impact \triangle	<table border="1" style="width: 100%; height: 200px; border-collapse: collapse;"> <tr><td style="width: 50px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																																																																																																																																																																																			Indicate Direction (North, South, East, West) using arrows (\rightarrow \leftarrow \uparrow \downarrow) At what distance did you notice danger? _____ feet

DRIVER INFORMATION	
My Name _____ Age _____ Drivers License No _____ State _____ Vehicle _____ Year Make License No. State <input type="checkbox"/> Agency-Owned/Vehicle <input type="checkbox"/> Personally-Owned Vehicle <input type="checkbox"/> Rental Vehicle Agency Location _____ Phone No. _____ Insurance Policy No. _____	Other Driver _____ Age _____ Drivers License No _____ State _____ Other Vehicle _____ Year Make License No. State Agency Location _____ Phone No. _____ Insurance Policy No. _____
INJURIES Describe Any Apparent Injuries	
Driver Injury _____ Passenger: Name _____ Address _____ Injury _____ Other Driver: Name _____ Address _____ Injury _____	Other Passenger, Pedestrian: Name _____ Address _____ Injury _____ Name _____ Address _____ Injury _____ Where Taken After the Accident _____ _____
POLICE OFFICER ASSISTING	
Name _____ Headquarters _____ Badge Number _____	Police Report Made? <input type="checkbox"/> Yes <input type="checkbox"/> No Citations Issued _____
PROPERTY DAMAGE Describe Nature of Damage	
Your Vehicle _____ _____ Property Other than Vehicles _____ _____ _____ Owner _____ Phone _____	Other Vehicle _____ _____ Owner _____ Phone _____ Driver _____ Phone _____ Vehicle Make _____ License Number _____ Insurance Company _____
WITNESSES	
Name _____ Phone _____ Address _____ Name _____ Phone _____ Address _____	Name _____ Phone _____ Address _____ Name _____ Phone _____ Address _____

APPENDIX B

**VEHICLE OPERATION REQUIREMENTS
(WHILE OPERATING A VEHICLE ON AGENCY BUSINESS)**

- A. An employee is required to exercise the normally prudent care demanded by the road, weather, light, and all other prevailing driving conditions.
- B. The driver and all passengers shall wear safety belts whenever operating/traveling in a motor vehicle.
- C. Drivers of motor vehicles shall adhere to all state motor vehicle safety laws and rules and those of the municipalities in which they drive while on agency business.
- D. An employee shall not carry firearms in violation of Chapter 46 of the Texas Penal Code.
- E. Consumption of alcoholic beverages or illegal drugs is prohibited.
- F. Employees shall adhere to Texas Department of Public Safety laws regarding alcohol consumption.
- G. No employee shall operate a motor vehicle while under the influence of any drug or medication which may tend to degrade a person's ability to operate a motor vehicle in a safe and prudent manner.
- H. No employee shall operate a motor vehicle who does not have a valid Texas driver's license. An employee must carry a valid Texas driver's license while operating a motor vehicle.
- I. Non-agency personnel shall not ride in an agency-owned or rented vehicle unless the person's presence is directly related to the immediate conduct of agency business or has been specifically approved by the Administrative Director.
- J. All privately-owned motor vehicles used by employees to conduct agency business shall have a current motor vehicle inspection sticker, a valid license plate, and shall have liability insurance in effect that meets or exceeds the minimum coverage required by state law.
- K. Every employee driving a motor vehicle on duty is responsible for knowing and complying with Texas motor vehicle and driver licensing laws.
- L. The agency will not pay any citations incurred by an employee.

ACCIDENT INVESTIGATION AND REPORTS

A. Human Resources Officer Responsibilities

Upon notification that an employee was involved in an accident, the Human Resources Officer (the “Officer”) shall:

1. Take all necessary action to protect the health and welfare of the OCA personnel involved in the accident.
2. Take necessary steps to protect OCA property involved in the accident.
3. Ensure that a complete investigation of the accident has been made. Assist the employee in meeting all of his/her responsibilities regarding the accident.
4. Inform the Administrative Director of the accident and assemble a file containing the Officer’s findings and the accident report.

B. Coordination of Accident Investigation of Third Party Claims

1. In cases involving a third party claim, the Officer shall coordinate with the Office of the Attorney General’s Tort Litigation Investigator (OAG Investigator). The Officer shall be responsible for receiving accident reports from the employee involved in a motor vehicle accident and forwarding all accident-related information to the OAG Investigator.
2. Requests for payment of damages by third parties involved in an accident with a motor vehicle shall be filed with the Officer.

C. Information Required by the Office of the Attorney General

1. Written request for payment from the person making the claim.
2. Two cost estimates of vehicle damage.
3. Social Security number of claimant.
4. A copy of accident report.
5. Statement from the agency that the accident occurred on agency business.
6. Recommendation from OCA as to whether claim should be paid.
7. Corrective action, if any, to be taken to avoid similar accidents in the future.

Information gathered in connection with an accident should be treated as sensitive information.

D. Administrative Responsibilities

Upon receipt of a completed vehicle accident report, the Officer shall review Form VEH/ACC-1 and other documents for completeness of information.

In the case of third party claims, the agency General Counsel will be requested to review and approve the information packet prior to it being forwarded to the Office of the Attorney General.