

## **POLICY**

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**SUBJECT: Motor Vehicle Accident Review Board**  
**NUMBER: MGT-613-13**  
**APPLICABLE TO: All Staff**  
**EFFECTIVE: 8/21/13**  
**REVISED: 10/1/2013**

**APPROVED:** \_\_\_\_\_ /signature on original/  
**Sam Abed, Secretary**

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**I. POLICY**

The Department of Juvenile Services (DJS or Department) establishes a Motor Vehicle Accident Review Board to review, on behalf of the Secretary, all motor vehicle accidents and must appear violations.

**II. AUTHORITY**

- A. Md. Code Ann., Hum Servs. §§ 9-203 - 9-205.
- B. Maryland Department of Budget and Management, "Policies and Procedures for Vehicle Fleet Management" (July 2010).
- C. Md. Code, State Finance and Procurement Article, §3-503.

**III. DIRECTIVES/POLICIES RESCINDED**

- A. Motor Vehicle Accident Review Board, 03.34.

**IV. FAILURE TO COMPLY**

Failure to comply with the Secretary's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

**V. STANDARD OPERATING PROCEDURES**

Standard operating procedures have been developed.

**VI. REVISION HISTORY**

DESCRIPTION OF REVISION	DATE OF REVISION
Updated pursuant to DBM's Vehicle Fleet Management July 2010 update including provisions for review of must appear violations.	May 2013
Altered Board membership.	October 2013



## PROCEDURES

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**Lynette Holmes, Deputy Secretary**

### **I. PURPOSE**

The purpose of the policy and procedures is to:

- determine the cause and preventability of motor vehicle accidents and incidents involving must appear violations;
- determine whether all Department and state regulations were followed in the operation of the motor vehicle; and
- present findings and recommendations to the Secretary.

The procedures cover Department employees involved in a motor vehicle accident or cited for “must appear” violations involving a State vehicle.

### **II. DEFINITIONS**

- A. *Must appear (MA)* violations means citations issued for violations of vehicle laws for which a defendant may not prepay a fine or penalty deposit and is instead required to appear in court for trial.

### **III. PROCEDURES**

#### **A. Motor Vehicle Accident Review Board**

1. A Motor Vehicle Accident Review Board (Board) is hereby established pursuant to section 7.5 of the Department of Budget and Management "Policies and Procedures for Vehicle Fleet Management" (July 2010).

## **B. Authority and Responsibilities**

1. The Board shall review motor vehicle accidents involving state vehicles to determine:
  - a. driver history/performance;
  - b. causes/conditions;
  - c. preventability; and
  - d. necessary driver corrective action.
2. The Board shall additionally review all incidents involving MA violations during the operation of state vehicles, including the judicial determination.
3. The Board may require employees to appear before it upon request.
4. DJS employees may request, in writing, an appearance before the Board.
5. The Board shall provide a summary of findings and make a recommendation to the Secretary.
6. The Board does not review accidents and MA violations where the Secretary is the driver.

## **C. Board Membership**

1. The Board shall consist of at least three of the following DJS personnel:
  - a. Deputy Secretary of Support Services;
  - b. DJS Fleet Manager;
  - c. a representative of the division within which the driver works, designated by the Deputy Secretary responsible for that division; and
  - d. the Director of General Services.
2. If a Board member is involved in the accident, the member shall not serve on the Board during its review of that accident. The member shall be replaced by a designee of the Secretary.

## **D. Staffing - Motor Vehicle Accident Review Board**

1. The Fleet Manager shall be responsible for those duties outlined under Section 7.1 of the DBM "Policies and Procedures for Vehicle Fleet Management" (July 2010).
2. The Fleet Manager shall act as secretary of the Board.
3. The Fleet Manager, as Board secretary, shall maintain a record of all accidents, MA violations, and all Board activities.

#### **E. Notification of Motor Vehicle Accidents**

1. The Fleet Manager shall, upon notification of a motor vehicle accident involving:
  - a. Vehicles, property, or personal injury with non-State parties, contact the State's maintenance and repair contractor within 2 business days to report the accident and coordinate completion of the Auto Loss Report form.
  - b. Only damage to a state vehicle with no other party or property involved, complete the Auto Loss Report form and forward it to the State Treasurer's Office, Insurance Division.
2. Once received, the Fleet Manager shall send copies of the Automobile Loss Report and Motor Vehicle Accident Investigation Guide (Form FS-1) to all Board members within 7 days of the incident. This form details the incident.

#### **F. Moving Violation Reporting**

1. The Fleet Manager, upon receiving notice of a driver's moving violation or MA violation while driving a State vehicle shall notify the Department of Budget and Management (DBM) within 2 business days of receiving notice of the charge.
2. Drivers charged with any offense for which a penalty of incarceration is possible while operating a State vehicle shall have the privilege of operating State vehicles or equipment suspended immediately. The suspension shall remain in effect until such time as the individual has completed such instruction or action as recommended by the Agency Accident Review Board and approved by the Secretary. The Fleet Manager shall notify DBM of the action taken.

#### **G. Motor Vehicle Accident Review Board Meetings**

1. The Board shall review all motor vehicle accidents and MA violations within 30 days of the actual accident or judicial

determination in the case of MA violations. The reviews shall be conducted pursuant to sections G, H, and I of this policy.

2. The Fleet Manager shall schedule all Board meetings.
3. If the Board finds the accident or violation was preventable following review of the Auto Loss Report and Motor Vehicle Accident Investigation Guide (Form FS-1) and completion of the Accident Review Board Work Sheet (Form FS-2), the Board shall recommend driver corrective action. The recommended driver corrective action, based on guidelines contained within Section E of Appendix 6 of the DBM "Policies and Procedures for Vehicle Fleet Management", shall be forwarded to the DJS Secretary for review and approval.
4. If the accident or violation is found to be not preventable, the Board shall take no further action after notifying the Secretary.

#### **H. Secretary's Decision**

1. If the Board's recommendation is disapproved, the Secretary shall return it to the Fleet Manager with the desired action to be taken. The Fleet Manager shall then notify Board Members that their recommendation has been disapproved and advise them of the action the Secretary wishes to take. The Secretary's decision shall be the final decision.
2. Once the Secretary has approved the Board recommendation or decided upon different actions, the Fleet Manager, acting as secretary of the Board, shall provide a copy of the decision to the driver's supervisor so that action may be taken in accordance with the Secretary's decision.
3. The Fleet Manager also shall send copies to:
  - a. the appropriate Deputy Secretary;
  - b. all other members of the Board;
  - c. the individual employee(s) involved; and
  - d. the Director of Human Resources for filing in the employee's personnel file.

#### **I. Notification of Action Taken**

1. The Fleet Manager shall notify the Director of Human Resources and the driver's supervisor in writing of the appropriate action taken in accordance with the Secretary's decision.

**IV. DIRECTIVES/POLICIES REFERENCED**

- A. Maryland Department of Budget and Management, “Policies and Procedures for Vehicle Fleet Management” (July 2010).

**APPENDICES**

1. Motor Vehicle Accident Investigation Guide (FS-1)
2. Accident Review Board Work Sheet (FS-2)
3. Driver Corrective Action Program (FS-3)
4. State of Maryland Automobile Loss Report



## **DJS POLICY AND STANDARD OPERATING PROCEDURES**

### **Statement of Receipt and Acknowledgment of Review**

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**POLICY:** Motor Vehicle Accident Review Board  
**NUMBER:** MGT 613-13  
**EFFECTIVE DATE:** 8/21/13  
**REVISED:** 10/1/2013

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I have received and reviewed a copy (electronic or paper) of the above titled policy.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

***THE ORIGINAL COPY MUST BE PLACED IN YOUR PERSONNEL FILE. PLEASE  
RETURN THIS FORM TO THE OFFICE OF HUMAN RESOURCES.***



## Section C

### **INSTRUCTIONS FOR COMPLETING MOTOR VEHICLE ACCIDENT INVESTIGATION GUIDE (FS-1)**

A Motor Vehicle Accident Investigation Guide (FS-1) is completed each time an AUTO LOSS REPORT form is completed and submitted to the Insurance Coordinator. The driver completes the first page of the form. The second page is then completed and reviewed by the supervisor and subsequently by the agency Accident Review Board with the appropriate comments entered into the spaces provided. **PLEASE DO NOT DELAY THE SUBMISSION OF THE AUTO LOSS REPORT FORM PENDING COMPLETION OF THE FS-1.**

The Motor Vehicle Accident Investigation Guide (FS-1 is attached) **must be completed by the driver within 48 hours of the incident** and reviewed by the driver's supervisor for accuracy and completeness within 72 hours.

Upon completion of the driver's section, the supervisor reviews this information and completes the "Accident Review by Supervisor" section of the FS-1. For interpretations of preventable accidents, please refer to the Accident Definitions located in Section G of this Appendix. After the completion of the driver's section and the supervisor's section the FS-1 is forwarded to your agency's Insurance Coordinator and Accident Review Board for processing.

**MOTOR VEHICLE ACCIDENT INVESTIGATION GUIDE (FORM FS-1)**

**THIS SECTION TO BE COMPLETED BY DRIVER**

1. State Agency/Department: \_\_\_\_\_ 2. Agency Budget Code: \_\_\_\_\_  
3. Driver's Name: \_\_\_\_\_ 4. Unit/Section: \_\_\_\_\_  
5. Classification: \_\_\_\_\_ 6. Date & Time of Accident: \_\_\_\_\_  
7. Location of Accident: \_\_\_\_\_ 8. Driver's License #: \_\_\_\_\_

9. Conditions (Please circle all that apply):

- |                          |             |                               |
|--------------------------|-------------|-------------------------------|
| Daylight                 | Clear       | Wet                           |
| Dawn                     | Cloudy      | Ice                           |
| Dusk                     | Foggy       | Vehicle Defect Specify: _____ |
| Dark (street lights on)  | Rain        | Unknown                       |
| Dark (street lights off) | Snow        |                               |
| Dark (no street lights)  | Severe Wind |                               |

10. Accident Investigation Information:

- a. State Police             Yes       No  
b. Local Police             Yes       No
- b. Were citations issued to:
- (1) State Driver         Yes       No  
(2) Other Driver         Yes       No

11. Was State driver/passenger injured?     Yes       No  
Were restraints in use?                       Yes       No

12. Detailed Description of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagram: Below

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13. Insurance Information for Other Vehicle:

Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
State Vehicle Tag # of other vehicle: \_\_\_\_\_

## ACCIDENT REVIEW BY SUPERVISORS

1. Driver's Name: \_\_\_\_\_ 2. State Vehicle Tag #: \_\_\_\_\_
3. Number of Accidents Within the Last 3 Years: \_\_\_\_\_ 4. Points on Driving Record: \_\_\_\_\_
5. I have reviewed this accident with the driver involved and have the following additional comments:
- \_\_\_\_\_
- \_\_\_\_\_
6. Was this accident preventable by State driver? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Date: \_\_\_\_\_ Name: \_\_\_\_\_ Position: \_\_\_\_\_
8. Supervisor's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_
- 

### **Accident Review Board**

1. An investigation and review of this accident in accordance with the State Motor Vehicle Accident Prevention Program indicates that it should be judged:  
Preventable \_\_\_\_\_ Non-Preventable \_\_\_\_\_
2. Consideration of the facts indicates the following would be helpful in avoiding such accidents in the future:
- \_\_\_\_\_
- \_\_\_\_\_
3. Corrective action, if accident is found to be preventable. Please check all that apply.
- \_\_\_\_\_ 1. Verbal counseling.
- \_\_\_\_\_ 2. Require attendance at a driver improvement program/written reprimand.
- \_\_\_\_\_ 3. Temporary denial of driving privileges in a State vehicle.
- \_\_\_\_\_ 4. Permanent denial of driving privileges in a State vehicle.
- \_\_\_\_\_ 5. Suspension of one or more days in compliance with MD Personnel Rules.
- \_\_\_\_\_ 6. Requirement to reimburse State for damages to State property.
4. Date Driver Notified: \_\_\_\_\_ Driving Record Noted: ( ) Yes ( ) No
5. Review Board Signatures:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## **Section D**

### **ACCIDENT REVIEW BOARD WORK SHEET (FS-2)**

Documentation of Accident Review Board and agency determinations are to be maintained on the Accident Review Board Work Sheet found at the end of this section. Completed work sheets with copies of the appropriate AUTO LOSS REPORT form, FS-1 and FS-3 forms are to be maintained on file by the agency.

**ACCIDENT REVIEW BOARD WORK SHEET (FORM FS-2)**

Description of Accident:

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Driver's License #: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_  
License Tag No: \_\_\_\_\_ Date Notified: \_\_\_\_\_  
Operator's Supervisor: \_\_\_\_\_  
Attachments: \_\_\_\_\_

Date Operator Notified of Hearing: \_\_\_\_\_ Advised to have Counsel: \_\_\_\_ Y \_\_\_\_ N  
Date(s) of Hearing(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Decision:

- Preventable Accident
- Unpreventable Accident

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Recommended Board Actions:

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Appeal Entered: \_\_\_\_ Y \_\_\_\_ N Date of Appeal: \_\_\_\_\_

Result of Appeal:

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Agency Head Approval: (Corrective Action Only, i.e., Reprimand, Restitution, etc.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition of Report: \_\_\_\_\_

Date Case Closed: \_\_\_\_\_

## Section E

### **DRIVER CORRECTIVE ACTION PROGRAM (FS-3)**

#### **1. General**

The Corrective Action Program identifies corrective action to be taken. Agency Accident Review Boards may exercise other corrective action when, in their judgment, documented circumstances warrant.

Corrective actions are applied based on point totals listed on the Driver Evaluation Point System, Form FS-3 provided at the end of this section. This form is to be completed by the Accident Review Board of each agency as part of the accident review process when accidents are found to be preventable.

The Point Evaluation System takes into account two factors related to the driving history of the individual:

- **Violations – Last 3 Years** - A history of violations, even in the individual's personal automobile and on his or her own time, indicates driving patterns which present a potential risk to the State.
- **Preventable Accident History:** - This factor relates only to preventable accidents in State vehicles over a 3-year period. The agency's Accident Review Board will have made the determination of preventability at the time of review of any prior accident.

#### **2. Corrective Actions (CA) Point Guidelines**

##### **CA Points**

11 to 44      **Verbal Counseling** - The operator is to be given a verbal counseling. A detailed discussion of the violation should take place with the operator.

45 to 64      **Driver Improvement Program:** The operator is required to attend a suitable driver improvement-program within 90-days of the occurrence. The operator must receive a certificate of completion. Additionally, the operator may receive an official reprimand in accordance with State Personnel law and regulations. This will be in writing and will include a statement of facts concerning the reprimand. The reprimand along with the driver improvement certification of completion will be filed in the operator's personnel file, and a copy of the reprimand will be given to the operator.

65 to 114      **Driver Improvement Training Serious Offender Program:** - The operator is required to attend the Statewide Driver Corrective Action Program Action Program conducted by the Maryland Department of Transportation (MDOT) or a training program, which is similar in content. The operator must attend this class within 90 days of the occurrence. The operator must receive written certification that the course has been successfully completed, a copy of which will be placed in the employee's personnel file. A reprimand may also be issued as above.

- 115 to 199     **Damage Assessment:** - The operator is to be assessed for actual damages to State-owned property or vehicles up to a \$1,000 maximum, when damages are incurred while using a State vehicle in a manner which is in violation of State Fleet Policies, and that vehicle is a passenger automobile or a truck of a ¾-ton capacity or less. The Agency Review Board on a case-by-case basis shall assess damage to vehicles over ¾-ton capacity. A reprimand and attendance at driver improvement training – serious offender program is to apply to the operator as above.
- 200 to 225     **Suspension of Driving Privileges:** - The operator's privilege to operate State-owned vehicles or equipment shall be denied for a minimum of 6 months. At the end of this time, and upon completion of a driver's improvement – serious offender training program, and appropriate in-car evaluation by Agency management, the operator may apply to the agency Accident Review Board for reinstatement of his/her driving privileges. If in the opinion of the Agency Accident Review Board, and as approved by the Agency Head, this action is in the best interest of the State; the operator's privileges may be reinstated. The operator shall also be assessed for damages to the State-owned property and may receive a written reprimand as above.
- 226 to 270     **Suspension from Duties:** - The operator may be suspended without pay in accordance with State Personnel law and regulations. The Accident Review Board shall recommend the length of suspension. The operator is also required to attend the Driver Improvement Training – Serious Offender Program and be assessed for damages to the State-owned property.
- 271 & Over     **Removal of Driving Privileges:** - The operator's privilege of operating State-owned vehicles shall be removed with no right of reinstatement for a period of 3 years. At the end of that time, and upon completion of a driver improvement – serious offender training program and appropriate in-car evaluation by Agency management, the driver may reapply to the Agency Accident Review Board for reinstatement as above. The operator may also be suspended without pay in accordance with DBM regulations, receive a written reprimand, and be assessed for damages to the State-owned property.

**Must Appear Violations:** - Operators charged with such violations shall have the privilege of operating State vehicles or equipment suspended immediately regardless of the total point value determined by the Driver Evaluation Point System. The suspension shall remain in effect until such time as the individual has completed such instruction or action as recommended by the Agency Accident Review Board and approved by the Agency head. The agency will notify DBM of the action taken.

In addition, the Agency Accident Review Board will determine such other corrective action as will apply to the operator, such as assessment for damages to the State-owned property or vehicles under the rules outlined above.

### 3. Example

#### **Accident:**

At 2:35 p.m. on May 27, 1990, a clear sunny day, a Parole and Probation Agent returning from a visit to a probationer's place of employment was traveling in a State vehicle north on U.S. Route 1 in the fast lane. Upon approaching the intersection of U.S. Route 1 and Elkridge Landing Road, the State driver was unable to stop for a vehicle that had slowed to make a left turn onto Elkridge Landing Road. The State driver ran into the rear of the slowing vehicle.

#### **Investigation:**

The State driver's motor vehicle record shows 3 current points for speeding in the last 3 years. Police accident investigation reports indicate no drugs or alcohol were involved, but speed on the part of the State driver was a factor in the accident. The driver of the stopped vehicle sustained a neck injury with no injuries sustained by the State driver. There was approximately \$835 damage to the State vehicle. The State driver was not wearing the vehicle restraint device. A check of agency records reveals that the State driver has no prior preventable accidents.

#### **Agency Action:**

The Agency Accident Review Board was convened and reviewed the described accident. The Board findings were that the accident was a preventable accident. The Board then completed the evaluation sheet to determine appropriate corrective action recommend for the driver. (See attached FS-3)

#### **Disciplinary Results:**

The points assigned total 55 (i.e., 25 + 10 + 20). The State driver will be assigned to a driver improvement training class and a letter of reprimand will be placed in the driver's personnel file. The reprimand will also note that the State driver did not use the vehicle's restraint device.





## PROCEDURES FOR STATEWIDE DRIVER CORRECTIVE ACTION PROGRAM

All Department and Agency Accident Review Boards (ARB) will review all vehicular accidents. The Agency or Department ARB will determine if the accident was preventable or non-preventable.

If “Preventable”, the ARB will take corrective action based on the State Vehicle Fleet Policies and Procedures for Drivers of State Vehicles Manual, along with any additional policies dealing with the Statewide Driver Corrective Action Program. If the ARB recommends attending the Statewide Driver Corrective Action Program, the first step is:

- I. The ARB chairperson of the department and/or agency will submit, in writing, to the Administrator—Statewide Driver Corrective Action Program, 7491 Connelley Drive, Hanover, Maryland 21076, phone number 410-582-5555.

Name of Employee/Authorized Driver:

Title:

Class:

Driver’s License #:

Supervisor’s Name:

Place of Employment”

Mailing Address:

Type of Accident (i.e., backing, speeding, etc.):

- II. Upon receipt of the letter or memo from the department and/or agency ARB chairperson, the Administrator will schedule the employee/participant for the Driver Corrective Action class.
- III. The Driver Corrective Action classes will be scheduled as required, contingent on having a minimum number of employees to justify conducting a class. Classes are two days in duration. The first day consists of classroom instruction and testing. The second day consists of employees being scheduled at staggered times throughout the day for in-car driver observation, instruction and evaluation.
- IV. Two or three weeks in advance of this class, the Administrator, Statewide Driver Corrective Action Program, will notify the employee, supervisor and ARB chairperson of the date, time and location of the class.

**Note:** If the employee fails to attend the class, the Administrator will advise the correct authority and notify the employee’s ARB chairperson by phone.

**Note:** The only way an employee assigned to this program can be rescheduled or excused is to have the ARB chairperson call the Administrator and request that the employee be rescheduled.

- V. The program will follow the format as set forth in the Statewide Driver Corrective Action Program Outline (attached).

The employee must meet the minimum requirement for the first day, a score of 80% on the written or oral test. If this is not achieved, the Administrator will call the ARB chairperson and advise. The employee will be asked not to return for day two of the class but may be rescheduled for a future class.

- VI. The program will continue following the outline for the second day. During the In-Car Driver Evaluation, the instructor will observe and evaluate the employee's driving; address driving errors and/or habits; outline the problems and conditions that need to be corrected (i.e., visual, judgment, function, time and space). A minimum score of 80% is required to pass the driver evaluation test.
- VII. If in the judgment of the instructor, along with the facts, the employee has major problems with his driving, the Administrator will submit oral and written reports to the employee's ARB chairperson. Copies of evaluation forms and test scores will be sent to the employee's ARB chairperson.
- VIII. If there are no problems, a Driver Corrective Action Program letter/card will be issued to the employee indicating that the employee has successfully completed the classroom instruction and has successfully demonstrated the proper handling of a State vehicle. ARB chairpersons will be notified in writing of employees that have successfully completed this program.

## Section G

### **ACCIDENT DEFINITIONS** **PREVENTABLE ACCIDENT GUIDELINES**

#### **A. Intersections:**

It is the responsibility of State vehicle drivers to approach, enter and cross intersections prepared to avoid accidents that might occur through the action of other drivers. Complex traffic movement, blind intersections, or failure of the “other driver” to conform to laws or traffic control devices will not automatically discharge an accident as “not preventable.”

#### **B. Vehicle Ahead:**

Regardless of the abrupt or unexpected stop of the vehicle ahead, your driver can prevent front-end collisions by maintaining a safe following distance at all times. A safe following distance is one that allows the driver sufficient time, distance, and vision requirements to avoid an accident to reduce traffic conflict. This includes being prepared for possible obstructions on the highway, either in plain view or hidden by the crest of a curve of a roadway. Overdriving headlights at night is a common cause of front-end collisions. Night speed should not be greater than that which will permit the vehicle to come to a stop within the forward distance illuminated by the vehicle’s headlights.

#### **C. Struck From Behind:**

Investigation often discloses that drivers risk being struck from behind by failing to maintain a margin of safety in their own following distance. Rear-end collisions preceded by a roll-back, an abrupt stop at a grade crossing, when a traffic signal changes, or when your driver fails to signal at a turn at an intersection, should be charged PREVENTABLE. Failure to signal intentions or to slow down gradually should be considered PREVENTABLE.

#### **D. Passing:**

Failure to pass safely indicates faulty judgment and the possible failure to consider one or more of the important factors a driver must observe attempting the maneuver. Unusual actions of the driver being passed or of oncoming traffic might exonerate a driver involved in a passing accident; however, the entire passing maneuver is voluntary and the driver’s responsibility.

#### **E. Being Passed:**

Sideswipes and cut-offs involving a driver, while he is being passed, are preventable when he fails to yield to the passing vehicle by slowing down, moving to a right where possible, or maintaining speed, whichever action is appropriate.

#### **F. Oncoming:**

It is extremely important to check the action of the State driver when involved in a head-on or sideswipe accident with a vehicle approaching from the opposite direction. The exact location of a vehicle, prior to and at the point of impact, must be carefully verified. Even though an opposing vehicle enters your driver's traffic lane, it may be possible for your driver to avoid the collision. For example, if the opposing vehicle was in a passing maneuver and your driver failed to slow down, stop, or move to the right to allow the vehicle to re-enter his lane, he has failed to take action to prevent the occurrence. Failing to signal the opposing driver in an appropriate manner should also be taken into account.

#### **G. Fixed Objects:**

Typically, collisions with fixed objects are preventable. They usually involve failure to check or properly judge clearances. New routes, strange delivery point, resurfaced pavements under viaducts, inclined entrances to docks, marquees projecting over traveled section of road, and similar situations are not, in themselves, valid reasons for excusing a driver from being involved. A State driver must be constantly on the lookout for such conditions and make necessary allowances relative to speed and vehicle positioning.

#### **H. Pedestrians:**

Traffic regulations and court decisions generally favor the pedestrian hit by a moving vehicle. An unusual route of a pedestrian at mid-block or from between parked vehicles does not necessarily relieve a driver from taking precautions to prevent such accidents. Whether speed limits are posted or the area is placarded with warning signs, speed too fast for conditions may be involved. School zones, shopping areas, residential streets, and other areas with special pedestrian traffic must be traveled at reduced speeds equal to the particular situation. Bicycles, motor scooters, and similar equipment frequently are operated by young and inexperienced persons. The driver who fails to reduce his speed when this type of equipment is operated within his sight distance has failed to take necessary precautions to prevent an accident. Keeping within posted speed limits is not taking the proper precaution when unusual conditions call for voluntary reduction of speed.

#### **I. Private Property:**

When a driver is expected to enter unusual locations, construction sites, etc., or driveways not built to support heavy commercial vehicles, it is the driver's responsibility to discuss the operation with the proper authorities and to obtain permission prior to entering the area.

#### **J. Passenger Accident:**

Passenger accidents in any type of vehicle are preventable when they are caused by faulty operation of the vehicle. Even though the incident did not involve a collision of the vehicle, it must be considered preventable when your driver stops, turns or accelerates abruptly. Emergency action by the State driver to avoid a collision that results in passenger injury should be checked if proper driving prior to the emergency would have eliminated the need for the evasive maneuver. The driver is responsible for the utilization of passenger restraint devices.

#### **K. Non-Collision:**

Many accidents, such as overturning, jack-knifing, or running off the road, may result from emergency action by the driver to preclude being involved in a collision. Examination of his driving procedure prior to the incident may reveal speed too fast for conditions, or other factors. The State driver's action prior to involvement should be examined for possible errors or lack of defensive driving practice.

#### **L. Miscellaneous:**

Projecting loads, loose objects falling from the vehicle, loose tarpaulins, or chains, doors swinging open, etc., resulting in damage to the vehicle, cargo, or other property or injury to persons, are preventable when the driver's action or failure to secure them are evidenced. Cargo damage, resulting from unsafe vehicle operation, is preventable by State drivers.

#### **M. Parking:**

Unconventional parking locations, including double-parking, failure to put out warning devices, etc., generally constitute evidence for judging an accident preventable. Rollaway accidents from a parked position normally should be classified preventable. This includes unauthorized entry into an unlocked, unattended vehicle, failure to properly block wheels or to turn wheel toward curb to prevent vehicle movement.

#### **N. Backing:**

Practically all backing accidents are preventable. A driver is not relieved of his responsibility to back safely when a guide is involved in the maneuver. A guide cannot control the movement of the vehicle; therefore, a driver must check all clearances.

#### **Conclusion:**

It is impossible to describe in detail the many ways a driver might prevent an accident. The above guide merely emphasizes the most frequent occurrences. The following definition of **Defensive Driving** should be applied to all accidents involving State drivers:

A **Defensive Driver** is one who commits no driving errors himself and makes all reasonable allowances for the lack of skill or improper driving practice of the other driver. A **Defensive Driver** adjusts driving to compensate for unusual weather, road, and traffic conditions, and is not tricked into an accident by the unsafe actions of pedestrians and other drivers. By being alert to accident inducing situations a defensive driver recognizes the need for preventative action in advance and takes the necessary precaution to prevent the accident. A **Defensive Driver** knows when it is necessary to slow down, stop, or yield his right-of-way to avoid involvement.

### Agency Remedial Fleet Safety Training Activity Report

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

<b>1.</b>	<b>How many employees were referred for remedial fleet safety training this year?</b>	
<b>2</b>	<b>How many of these employees received the required remedial fleet safety training?</b>	
<b>3.</b>	<b>How many of these employees need training but have not yet been trained?</b>	
<b>4</b>	<b>How many employees have not received the required remedial training from the previous year?</b>	

Please list the source(s) of remedial safety training provided to employees during the current year:

If you have employees noted in item #4 above, please explain how you intend to meet the required training need of those employees who have yet to receive remedial training. Include a timeline for this training:

## STATE OF MARYLAND AUTOMOBILE LOSS REPORT

**State Treasurer's Office  
Insurance Division**

80 Calvert Street  
Annapolis, MD 21401

800-942-0162 410-260-7684 Fax 410-974-2865

<b>Agency Name &amp; Location:</b>		<b>Contact's Name &amp; Address:</b>	
Phone #		Phone #	
<b>Date of Accident:</b>		<b>Time:</b> AM/PM	
<b>Location of Accident:</b>			
<b>Description of Accident:</b>			
<b>Police Authority Contacted:</b> Yes No		<b>Report #:</b>	
<b>Police Jurisdiction/Department:</b>			
Agency Vehicle		Driver Using Vehicle With Permission? Yes No	
Year:	Make:	Model	Tag # VIN:
Owner:		Driver's Name: Driver's Address:	
Phone #: Contact Person:		Date of Birth: Phone #:	
<b>Describe Vehicle Damage:</b>			
<b>Other Vehicle or Property Damaged</b>			
Identify Vehicle or Property: Year: Make: Model: Tag #:			
Insured? Y/N Name of Insurance Company:			
Owner's Name:		Driver's Name:	
Address:		Address:	
Phone #		Phone #	
Describe Vehicle Damage:			
<b>Injured Persons:</b>			
Name & Address:		Name & Address	
Phone #	Age:	Phone #	Age:
<b>Witnesses or Passengers:</b>			
Name & Address:		Name & Address:	
Phone #		Phone #	
<b>Reported by (Please Print or Type Name)</b>		<b>Signature:</b>	
<b>Phone #</b>		<b>Date:</b>	