

USE OF UNIVERSITY & PRIVATE VEHICLES

..... GUIDELINES



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INTRODUCTION

The following represent the California State University's (CSU) guidelines regarding the use of vehicles on University or State business. Additional statements of CSU policy may be found in various Chancellor's Office memorandums issued from time to time.

Executive Order Index:	http://www.calstate.edu/EO/
Systemwide Risk Management:	http://www.calstate.edu/risk_management/
Human Resources:	http://www.calstate.edu/HRAdm/memos.shtml
Business & Finance:	http://www.calstate.edu/icsuam/
State Office of Risk & Insurance:	http://www.dgs.ca.gov/orim/Home.aspx
California Law (codes):	http://www.leginfo.ca.gov/calaw.html

Questions regarding guidelines on the use of University and private vehicles on University or State business should be directed to Systemwide Risk Management and Public Safety at (562) 951-4580.

Each campus is responsible for keeping current on any changes to CSU guidelines and California laws and regulations on the use of vehicles. Additionally, each campus is responsible for obtaining official driving records on its employees who use vehicles on University or State business from the Department of Motor Vehicles.

For represented employees, whenever there is a conflict between these guidelines and the applicable collective bargaining agreement, such as with discipline, the applicable collective bargaining document will be controlling.

USE OF UNIVERSITY (CSU) VEHICLES

University vehicles are to be used when cost savings can be realized. Public transportation is to be used in lieu of University vehicles when savings are thus effected.

University vehicles shall be used only in the conduct of University or State business. This means "only when driven in the performance of, or necessary to, or in the course of, the duties of University employment." No University officer or employee shall use, or permit the use of, any University vehicle other than in the conduct of University or State business.

Only University employees may drive University vehicles. The campus may not loan or lease a University vehicle to any non-state entity, including CSU auxiliary organizations.

Use of a University vehicle as a livery of conveyance for non-University or State business will result in the vehicle not being covered by the State Motor Vehicle Liability Self-Insurance Program (VELSIP) in the event of a loss. The term livery of conveyance refers to the transporting of people or goods for hire. It includes conveyance by taxi service, motor carrier, or delivery service.

DEFINITION OF UNIVERSITY (CSU) EMPLOYEES

“University employees” are defined as those persons who have completed all prerequisites to CSU employment. This includes all CSU faculty, staff, and student assistants and persons on appointed volunteer status (Job Class Code 0050).

Persons who are not “University employees,” are not authorized to drive University vehicles. This includes students (unless appointed as volunteers).

Members of the Board of Trustees, as officers of the University, are authorized to drive University vehicles.

DEFINITION OF UNIVERSITY (CSU) VEHICLES

A University vehicle is defined as a motorized device for land transportation owned, leased, or rented by the University, State or any State agency, including and not limited to automobiles, trucks, golf carts, tractors, etc.

MOTORCYCLES & BICYCLES

Motorcycles and bicycles shall not be used in carrying out University or State business, except for police motorcycles as approved by a campus president. Bicycles that are used solely on campus property are exempted contingent upon completion of the defensive driving course and as approved by a campus president; use of a helmet is mandatory.

PARKING

University-owned vehicles should be parked/stored in a secure campus location when not in use. Police vehicles should be in a locked or secured area. A University vehicle may be parked at the University employee’s home only when the vehicle is to be used in the conduct of University or State business the same day or on the next succeeding workday as defined below. Parking overnight at a University employee’s home is permissible when an employee is departing on or returning from an official trip away from the employee’s headquarters under circumstances which make it impractical for the employee to use other means of transportation, or where the employee’s home is reasonably en route to or from his/her headquarters or other place where he/she is to commence work the following day. When such situation occurs, the vehicle shall be parked off the street where feasible, or where the hazards of accidental damage, theft, and vandalism are reduced.

A campus has the discretion to require completion of Std. Form 377 – Vehicle Home Storage Request/ Permit (Appendix A-6) when an employee will be storing a University-owned vehicle at their residence on a regular basis.

MISUSE OF UNIVERSITY VEHICLES

The following conditions are considered to be a misuse of University vehicles:

- Driving a University vehicle without authorization by proper University officials.
- Driving without a valid California or other State operator’s license of the appropriate class for the type of vehicle being driven.
- Permitting a person who is not a University employee to drive a University vehicle.
- Engaging in unsafe practices, including failure to use and to ensure that all passengers use all available safety equipment in the vehicle being operated. Safety equipment includes seat belts and/or shoulder harnesses.
- Falsification of travel logs, travel authorizations, defensive driver training program certificates, accident reports, or other forms relative to the use of the vehicle.
- Improper storage or parking of University vehicle.
- Personal use or conveying passengers other than persons directly involved with University or State business, except with the approval of employee’s immediate supervisor.
- Failure to comply with any law, regulation, or policy regarding the use of University vehicles, including the requirement to have satisfactorily completed a CSU approved defensive driver training course. Employees misusing University vehicles may be personally liable for damages to persons or property caused to third parties and the legal expenses of defense. Employees who misuse University vehicles may also be subject to disciplinary action by the University.

CAMPUS AUTHORIZATION FOR USAGE & CAMPUS RESPONSIBILITIES

Each campus is responsible for monitoring its use of University vehicles. Designated campus management (campus vehicle fleet manager) is responsible for determining who meets the definition of a University employee and who is authorized to drive on official University or State business and the types of vehicles they are qualified to use.

CONTROL - It is necessary for the campus to establish one point of control in order to:

- Assure adherence to Executive Order 691, Motor Vehicle Inspections – Delegation of Authority
- Fulfill the maintenance, safety and seat belt requirements.
- Control usage in accordance with Federal, State of California, CSU, and campus laws, regulations, policies, and procedures.
- Verify and maintain use/travel logs (Sample Logs are as follows: Motor Vehicle Pre-Use Checklist - Appendix A-9, Vehicle Safety Inspection Checklist - Appendix A-10, Monthly Travel Log - Appendix A-11).
- Ensure prompt reporting of motor vehicle accidents and a post-accident review by a safety coordinator and/or supervisor (this includes completion of the Supervisor’s Report of Vehicle Accident, Std. 274 – (Appendix A-4).
- Issue instructions and guidelines and clarify all relevant laws, regulations, policies, and procedures.

USAGE VIOLATIONS - It is the responsibility of the campus to control and regulate misuse. When misuse is discovered, it is the responsibility of the campus to determine the cost incurred and send notification to the Executive Vice Chancellor/Chief Financial Officer and the Vice Chancellor for Human Resources.

Recovery of the cost of misuse is not to be considered a disciplinary action. The campus administration may determine what disciplinary action, if any, is to be taken against the employee.

CRITERIA FOR UNIVERSITY OR PRIVATELY OWNED VEHICLE USAGE -The campus vehicle fleet manager must determine that the following criteria have been met before releasing a University vehicle to an employee or authorizing an employee to use a private or personal vehicle on official University or State business:

- The person requesting vehicle use is, in fact, a University employee in active, State-funded pay status or in appointed volunteer status.
- Written approval of the use has been given by an individual authorized by the president to grant such approval.
- The campus has requested a copy of the person’s driving record from the Department of Motor Vehicles at least once every four years and it is judged by the campus that the person has an acceptable driving record. See CVC 1808.1 and State Administrative Manual (SAM)-0751 Operator Requirements.
- The person has satisfactorily completed a CSU-approved defensive driving course and maintains a good driving record. For those who regularly drive on University or State business (which is defined as being equal to or greater than once a month or equal to or greater than 12 times annually) they must complete a defensive driving training every four years.

If the person has not completed such a course, a nonrenewable, temporary permit to drive a University, private or personal vehicle that is valid only until defensive driving training can be scheduled but no more than 90 days post issuance of the permit may be issued.

The State Office of Risk Management’s (DGS) on-line defensive driving training can be accessed at <http://www.dgs.ca.gov/orim/Programs/DDTOnlineTraining.aspx>. Each campus Environmental Health & Safety/Risk Management department should also have access to other on-line or class room defensive driving courses available.

A person who drives less than once a month or less than 12 times annually need not complete the above course.

- The person has a valid California or other State driver’s license in his/her possession and the driver’s license is of the correct class for the type of vehicle he/she is driving.
- A visiting employee from another country here for more than six months must have a valid United States driver’s license in their possession in order to drive a University or State vehicle. Anyone who does not have a valid United States driver’s license should contact the Office of Risk and Insurance Management in Sacramento.
- The campus has ensured that the driver is familiar with all applicable changes to the California Vehicle Code.

- The following certification shall be required before an employee is authorized to drive a University vehicle or private vehicle on University or State business. This certification shall be made each time the employee accepts the keys to a University vehicle from the campus vehicle fleet manager.

“I am in possession of a valid California or other State driver’s license. I certify that I have not been issued more than three moving violations or have been responsible for more than three accidents (or any combination of more than three thereof) during the past twelve month period.”

Signed: _____

DRIVING RECORD - When driving records raise significant doubt as to a person’s ability to drive safely, permission to drive on University or State business should be re-assessed on a case-by-case basis. When a person has been involved in accidents or has received traffic citations in such numbers or of such gravity as to be a matter of concern, his/her driving record must be obtained from the Department of Motor Vehicles for re-evaluation. Similar action must be taken if there are other indications of driving problems and/or the campus vehicle fleet manager concludes that the driver should be re-examined. Continuation of authority to drive on University or State business depends upon evaluation of the report from the Department of Motor Vehicles.

California Vehicle Code 12810.5a and 12810.5b address the DMV’s “negligent operator violation points”

The following is a link regarding the DMV’s Employee Pull Notice Program (EPN): <http://www.dmv.ca.gov/vehindustry/eptn/eptngeninfo.htm>

INFORMATION TO BE PROVIDED TO THE DRIVER - The campus vehicle fleet manager is responsible for providing the driver of a University vehicle with the following information:

- The procedures for emergency repair and for reporting accidents.
- Proper storing and parking procedures for University vehicles.
- The correct gasoline and oil to be used in the vehicle.
- What constitutes misuse, including failure to use seat belts and/or shoulder harnesses.
- That monthly use logs must be filled in completely for each trip, regardless of the duration, miles driven, or the purpose; if the trip is longer than one day, a new entry for each day must be made (See Appendix A-11 for a sample log).
- That all necessary documents are in the glove compartment of each vehicle. (It is the task of the campus vehicle fleet manager to ensure that a current copy of all necessary handbooks, accident report forms (Std. 269 – Appendix A-3, and travel logs, etc., are in the glove compartment of each University vehicle.)

- That dogs may not be transported in University vehicles, with the exception of a seeing-eye, K-9 or service dogs.
- That University employees may not pick up hitchhikers in a University vehicle.

The campus vehicle fleet manager may decide upon further restrictions for which the employee driver will be equally responsible.

REMINDER STICKERS - Cars should have reminder stickers in appropriate locations for such purposes as ensuring use of seat belts, use of appropriate oil and gasoline, non-smoking, etc.

USE OF PRIVATELY OWNED VEHICLES

AUTHORIZATION TO USE PRIVATELY OWNED VEHICLES - Management at each campus has the responsibility for authorizing persons to drive privately owned vehicles to conduct official University or State business. This responsibility may be delegated to the lowest practical supervisory level who can exercise proper control.

Before a person may be authorized to use a privately owned vehicle to conduct University or State business, the person must certify in writing that the vehicle used will always be:

- Covered by liability insurance in at least the following amounts:
 - \$15,000 for personal injury to, or death of, one person,
 - \$30,000 for personal injury to two or more persons in one accident, and
 - \$5,000 for property damage;
- Adequate for the work to be performed;
- Equipped with safety belts in operating condition; and
- In safe mechanical condition as required by law.

This certification will be recorded on Std. Form 261, Authorization to Use Privately Owned Vehicles on University or State business. (See Appendix A-1)

The completed authorization form shall be retained by the supervisor empowered to approve the use of privately owned vehicles.

Authorization forms will be valid for a period not to exceed one year. Once completed, Std. Form 261 may be initialed and dated annually by the employee to certify that it is current. (See Appendix page A 1)

The supervisor shall verify that there is a fully executed current authorization form on file before signing a Travel Expense Claim, Std. Form 262 (Appendix A-2), for the claimant. This will help assure that the person is aware that the coverage must be provided by the person's insurance rather than through any State sponsored insurance program. The person's signature on the Travel Expense Claim shall certify that the minimum insurance and safety requirements were in effect and had been properly recorded before the privately owned vehicle was used.

Each person who plans to drive a privately owned vehicle should be aware that the liability coverage maintained by the University/State (ORIM) is only applicable to that liability of the person which is over and above the liability insurance maintained by the person. (Insurance Code 11580.9)

MOTOR VEHICLE ACCIDENTS – UNIVERSITY OR STATE VEHICLES

University employees involved in an accident while driving a University or State-owned vehicle, or a privately owned vehicle on official University or State business, will make no comment or statement regarding the accident to anyone except police, other State officers or employees, or an identified representative of the State's contract adjuster.

Subsequent to any accident involving a University or State-owned, or rental vehicle, or a privately owned vehicle driven on official University or State business, all communications regarding claims, including summons and complaints, must be forwarded immediately to the Office of General Counsel in the Chancellor's Office, with a copy to the Office of Risk and Insurance Management, Department of General Services (ORIM) and Systemwide Risk Management & Public Safety for disposition. The transmittal letter should include the date and place of service, together with any other pertinent information.

REPORTING VEHICLE ACCIDENTS - The driver of a University or State-owned or rental vehicle involved in an accident will record all pertinent information on the Accident Identification Card, Std. Form 269 (Appendix A-3), before leaving the scene of the accident. If another vehicle is involved, the appropriate portion of the Std. Form 269 (Appendix A-3) will be detached and given to the driver of the other vehicle. Blank Accident Identification Cards should be found in the glove compartment of each University or State-owned vehicle.

All vehicle accidents which result in injury to any person, or which involve significant damage to property must be reported immediately by telephone (916-376-5302) or FAX (916-376-5277) to the ORIM in Sacramento. If an accident involving bodily injury or significant property damage occurs on a weekend, call (916) 376-5295 and leave a voice mail message. The caller will be contacted on the next business day for more details. In addition to reporting to ORIM, a copy of the report should also be forwarded to the Office of General Counsel and Systemwide Risk Management & Public Safety in the Chancellor's Office.

REPORT OF VEHICLE ACCIDENT, STD. FORM 270 (Appendix A-4) - All motor vehicle accidents involving a University or State-owned vehicle or any vehicle being used on University or State business must be reported within 48 hours to the ORIM at 707 Third Street, First Floor, West Sacramento, CA 95605, utilizing Std. Form 270, Report of Vehicle Accident (Appendix A-4).

Refer claimants or their representative (insurance carrier, rental car agency, attorney) who may contact you directly to ORIM. Claimants can call (916) 376-5302 or 1-800-900-3645.

Reporting the accident by telephone or FAX does not replace the need to send the Std. Form 270 within 48 hours to ORIM. Additional instructions are shown on the Std. Form 269 (Appendix A-3). University employees involved in a vehicle accident while on University or State business will comply with those instructions and retain the card for review by the supervisor and as an aid in the completion of other accident reporting forms. (Std. Form 270 – Appendix A-4) Please refer to ORIM’s “Ok, You’ve Had a Motor Vehicle Accident, So Now What Happens?” hand-out (Appendix A-7)

When a University or State vehicle is struck while parked unattended and the damage is under \$1,000.00, and the name (or license number) of the party causing the damage is unknown, Std. Form 270 (Appendix A-4) must be completed; in similar cases where the damage is over \$1,000.00, the custodian of the vehicle will complete only that portion of Std. Form 270 (Appendix A-4) listing identification of custodian and vehicle, location, time damage probably occurred, and signature. Campuses are responsible for developing a policy and procedure for addressing those occasions where damages are incurred to an unoccupied University or State vehicle.

For Department of General Services, Office of Fleet Administration “pool” vehicles only, a Std. Form 269 (Appendix A-3), Accident Identification Card, and a Std. Form 270 (Appendix A-4) can be found in the glove compartment.

ORIM has contracted with a private adjusting company to conduct accident investigation and adjusting services upon ORIM’s request. Employees contacted by a representative of this contractor may verify that they have been retained by ORIM by calling (916) 376-5302.

DISTRIBUTION OF Std. FORM 270 (Appendix A-4) - The completed Std. Form 270 (Appendix A-4) is distributed in one of two ways depending upon the type of vehicle in use by the University employee at the time of the accident. Distribution will be as follows:

- 1. STATE POOL VEHICLE** - Where a State pool vehicle is involved, the University will send the original of Std. Form 270 (Appendix A-4) to the Office of Risk and Insurance Management, Department of General Services, and a copy to the State garage from which the vehicle was dispatched. The garage copy is required to show what vehicle repairs are necessary. A copy should be forwarded to the campus vehicle fleet manager to be used to compile statistical reports and to use in accident prevention activities. The campus will be notified of the total cost of repairs. This information may be used to obtain reimbursement from a University employee driver when misuse of the vehicle is involved.

2. CSU-ASSIGNED STATE VEHICLE AND CSU-OWNED VEHICLE -For CSU-assigned vehicles, the CSU will send the original Std. Form 270 (Appendix A-4) to ORIM; additional copies will be retained for campus and Chancellor’s Office use and accident statistics required by the Governor’s Safety and Workers’ Compensation Program.

Note: The Std. Form 270 (Appendix A-4) is available on the ORIM website: www.orim.dgs.ca.gov (click on publications).

MOTOR VEHICLE ACCIDENTS – PRIVATELY OWNED AND RENTAL VEHICLES

PRIVATELY OWNED VEHICLES - An accident that involves a privately owned car or commercial automobile rental being driven on University or State business will be reported on Std. Form 270 (Appendix A-4). The report should be clearly marked “Privately Owned Vehicle Involved” or “Rental Vehicle.”

The original form should be sent to ORIM; while a copy is retained by the campus with an additional copy retained by the University employee-driver.

RENTAL VEHICLES -When university employees rent a vehicle under the State of California car rental agreement negotiated by the State, they are covered by an insurance policy provided by the car rental agency as a provision of the State contract. Employees who are involved in an accident while driving a State contract rental car must complete the Std. Form 270 (Appendix A-4) and Std. Form 274 (Appendix A-5).

When renting a vehicle for University or State business, do not change the rental agreement terms. A change in terms may not be covered under the insurance contract with the rental agency. No rental agreement will allow for use of 15 passenger vans.

MOTOR VEHICLE ACCIDENTS – GENERAL INFORMATION

SUPERVISOR’S REVIEW –The designated manager of each driver involved in an accident will take the following actions:

- Investigate each accident promptly and thoroughly.
- The designated manager who authorized or permitted the employee to use the vehicle will ensure that the employee completes the Std. Form 270 (Appendix A-4) or will do it for him/her if the employee is unable to do so. The supervisor will also inform the Auto Liability Self Insurance Unit (ORIM) when the employee is unable to do so. (See SAM Section 2440 for other responsibilities of the supervisor in regard to vehicle accidents.)

- Prepare a Supervisor’s Review of State Driver Accident, Std. Form 274 (Appendix A-5), or an equivalent report. (It is recommended that the agency copy of the completed Std. Form 270 Appendix A-4 be used for reference when preparing a Std. Form 274 – Appendix A-5.)
- Initiate any appropriate corrective action, verbal or written, and record corrective action taken in departmental personnel records.
- Forward copies of the completed form as directed by campus administration.

The purpose of Std. Form 274 (Appendix A-5 or equivalent report) is to aid in preventing University employee driver accidents. It will be used to determine if the accident was avoidable and what actions the driver should have taken to avoid the accident. It will also be used to determine specific needs for accident prevention training and in the establishment of administrative policy.

USE OF POLICE ACCIDENT REPORTS – Any designated manager who is investigating a University vehicle accident is an “interested party” and is entitled to read, and make notes from, police reports. Such reports will usually be on file within 48 hours at the office of the police agency that has jurisdiction over the place of the accident. For accidents occurring outside incorporated areas, contact the California Highway Patrol; for those within cities, contact the local police department.

Copies of University vehicle reports made by the Highway Patrol may also be obtained by written request to the California Highway Patrol, nearest to the accident scene. There is no charge for this service. If the investigating supervisor thinks it advisable, he/she may contact the investigating officer through the Highway Patrol Area Commander, or through the office in charge of the local police department traffic unit.

MOTOR VEHICLE LIABILITY INSURANCE – A Vehicle Liability Self Insurance Claims Unit has been established within ORIM, to respond to claims of bodily injury and/or property damage of others, which occur during University use, operation or maintenance of self-propelled land vehicles. Evaluation and payment of claims will be made by ORIM following statutory provisions of Sections 17000 and 17001 of the California Vehicle Code and other laws applicable to claims against the State of California. This program protects any officer or employee of the University against all motor vehicle liability claims made by third parties while operating a vehicle in the course and scope of employment.

If a third party makes a claim for liability through the CSU Claim process, and it is determined that the claim is a vehicle liability claim (involving licensed or motorized equipment), then the Systemwide Office of Risk Management will submit the claim to ORIM and notify the campus.

The Vehicle Liability Self Insurance program is designed to provide reimbursement to third parties only (when an accident is the fault of the CSU driver). It is not designed to reimburse University employees.

Note that ORIM limits auto liability coverage to \$1,000,000 for accidents involving approved student and/or volunteer drivers.

An employee’s personal automobile insurance policy is the primary coverage for liability and damages in the event of an accident while on University or State business under the following circumstances:

- The employee has failed to obtain a “non-availability” slip from the State contract rental vehicle agency before proceeding to a non-state contract rental agency.
- The employee has rented a vehicle from an agency other than the State vehicle contract agency.

- The employee is driving his/her personal vehicle (whether or not a University or State vehicle was available). (Insurance Code 11580.9)

Claims paid by private insurance for accidents to privately owned vehicles while being operated on University or State business are not reimbursable from CSU funds. An employee may seek relief from out-of-pocket expenses such as deductibles via the CSU claims process. Information on how to file a claim with the CSU can be found at http://www.calstate.edu/risk_management/claims/ or through the campus risk manager.

ORIM has agreed to pursue the party responsible for the accident to recover the CSU's costs of repairs. Copies of the repair invoices, and any other expenses, should be forwarded as soon as possible to their office at 707 Third Street, First Floor, West Sacramento, California 95605, Attn: Claims Manager.

Please refer to the "Ok, You've Had a Motor Vehicle Accident in a Rent-a-Car, So Now What Happens?" hand-out (Appendix A-8)

REPAIRS AND WARRANTIES

REPAIRS TO CSU-OWNED VEHICLES - Whenever possible, minor repair of CSU-owned vehicles will be performed in campus automotive service shops. The campus has the discretion to set the campus vehicle fleet manager's approval requirement on repair estimates. It is recommended that where the parts costs exceed \$1,000 or when replacement of the vehicle may be a consideration, that campus guidelines require campus vehicle fleet manager approval.

For commercially performed repairs the campus has the discretion to set the campus vehicle fleet manager's approval requirement on repair estimates and the number of estimates to be obtained. It is advisable that when the cost of repair will be greater than \$1,500, an attempt is made to obtain three estimates. (If three estimates are not obtainable, an explanation should be retained in the vehicle repair file.) Preferably, one of the estimates should be from an authorized dealer of the vehicle involved.

Adequate estimates must quote flat rates on labor for parts replacement and net prices on parts, when applicable, for comparable jobs or job elements. When parts are to be repaired or straightened rather than replaced, estimated time costs are acceptable. All costs must be itemized.

Each estimate will be submitted in triplicate to the campus vehicle fleet manager, who will make the award to the estimator who has included all the work required to repair the vehicle, not necessarily the lowest bidder. If hidden damage is found after the vehicle has been dismantled, the inspector may authorize any necessary supplementary cost.

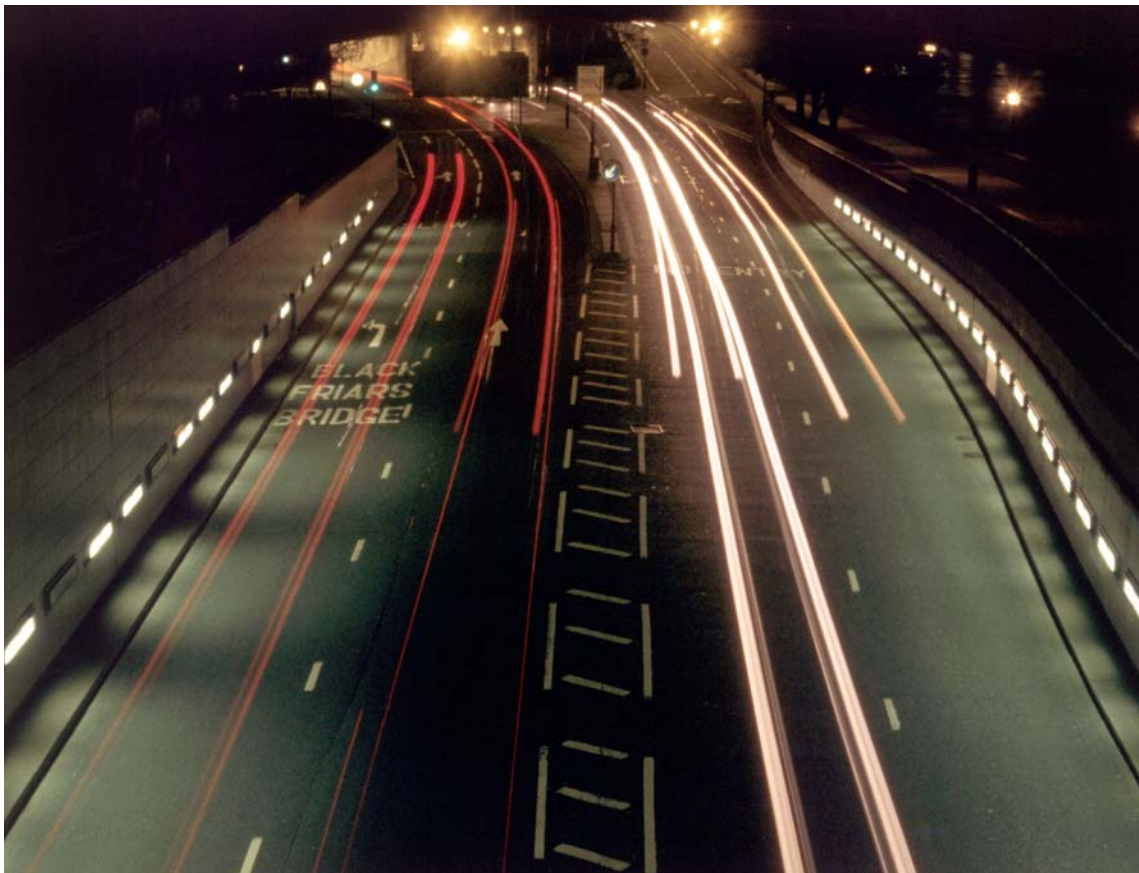
The accepted estimate is distributed as follows:

- The original is attached to the invoice.
- One copy is retained in the campus vehicle repair file.
- In accident cases, a copy is furnished to ORIM.

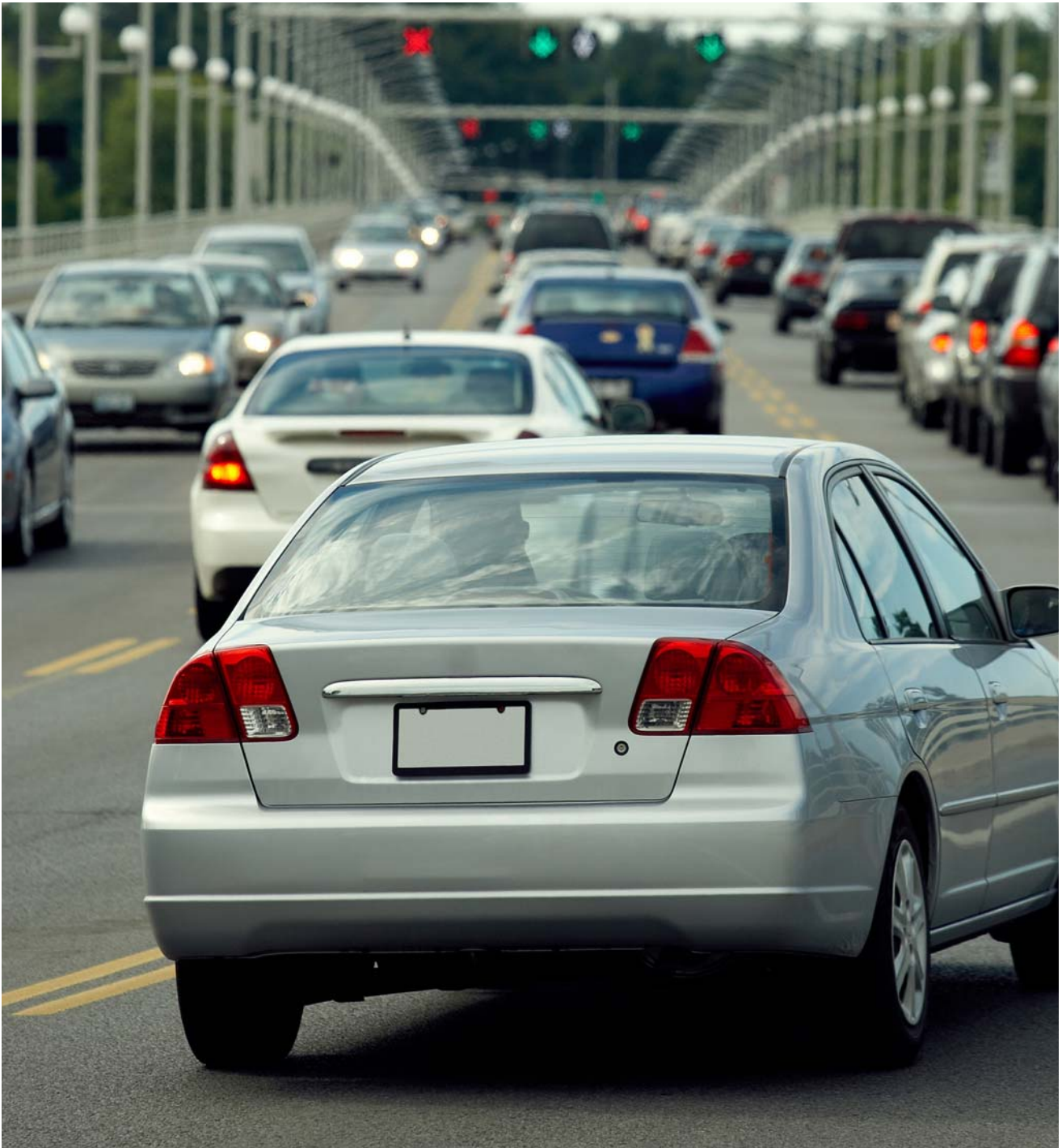
WARRANTY INSPECTION AND REPAIRS - All CSU-owned vehicles should be inspected for parts that show defects in material and/or workmanship in time to take full advantage of manufacturer's warranty replacement provisions before their expiration. The Owner's Manual supplied with each new vehicle contains the warranty coverage for that vehicle. The first 12,000-mile preventive maintenance service should be performed prior to expiration of warranty, i.e., before the speedometer has reached 12,000 miles or the vehicle has been in service one year, whichever comes first.

Manufacturers occasionally initiate changes during the model year to be applied retroactively. When notified of such changes, the campus shall ensure that they are made by the authorized dealer at no cost to the CSU.

OPERATOR INSPECTION - The operator of a vehicle has an obligation to inspect the vehicle before driving it. The vehicle should be checked visually and the "Motor Vehicle Pre-Use Safety Checklist" completed to assure that such items as the tires are in good condition and adequately inflated, that the side-view mirror is usable, that there is a gas cap, spare tire, and a jack. The brakes, lights, and other controls should be tested for satisfactory performance. Suspected problems noticed by the operator while using the vehicle should be reported to the campus vehicle fleet manager and noted on a Motor Vehicle Pre-Use Safety Checklist, which should be kept in the vehicle (See Appendix A-9 for a sample log).



APPENDICES



APPENDIX A-1

<http://www.documents.dgs.ca.gov/osp/pdf/std261.pdf>

STATE OF CALIFORNIA

AUTHORIZATION TO USE PRIVATELY OWNED VEHICLES ON STATE BUSINESS

STD. 261 (REV. 3-95)

This approval must be renewed annually.

Supervisor: Retain Original Copy

I. CERTIFICATION

In accordance with State Policy (*S.A.M. 0753 & 0754*) approval is requested to use privately owned vehicles to conduct official State business.

I hereby certify that, whenever I drive a privately owned vehicle on State business, I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:

1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage). Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.
2. Adequate for the work to be performed.
3. Equipped with safety belts in operating condition.
4. To the best of my knowledge, in safe mechanical condition as required by law.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

I further certify that, while using a privately owned vehicle on official State business, all accidents will be reported on form STD. 270 within 48 hours (S.A.M. 2441).

I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED

II. APPROVAL

Use of a privately owned vehicle on State business is approved.

APPROVING AUTHORITY SIGNATURE	TITLE	DATE APPROVED
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III. RENEWAL

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
----------------------	-------------------------------	---------------

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
----------------------	-------------------------------	---------------

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
----------------------	-------------------------------	---------------

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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APPENDIX A-2

<http://www.documents.dgs.ca.gov/osp/pdf/std262.pdf>

STATE OF CALIFORNIA – DEPARTMENT OF PERSONNEL ADMINISTRATION
TRAVEL EXPENSE CLAIM
 STD. 262 (REV. 9/2007)

*See Instructions and *Privacy
 Statement On Reverse Side*

Page _____ of _____ Pages

CLAIMANT'S NAME			SSN or EMPLOYEE NUMBER*			DEPARTMENT		
POSITION		CB/ID No.	DIVISION or BUREAU			INDEX NUMBER		
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS			TELEPHONE NUMBER		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE			

(1) NORMAL WORK HOURS			(2) PRIVATE VEHICLE LICENSE NUMBER			(3) MILEAGE RATE CLAIMED		
-----------------------	--	--	------------------------------------	--	--	--------------------------	--	--

(4) MONTH/YEAR	(5) DATE TIME		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
					BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		
MILES	AMOUNT													
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
(13) SUBTOTALS				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												\$0.00		

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

AGENCY ACCOUNTING OFFICE USE ONLY
PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE

INSTRUCTIONS

Expense accounts are to be submitted at least once a month and not more often than twice a month, except where the amount claimed is less than \$10, the claim need not be submitted until it exceeds \$10 or until June 30, whichever occurs first. Requests for reimbursement of out-of-state travel expenses must be claimed separately. Requests for reimbursement of travel expenses which are incurred in different fiscal years must be claimed separately. A brief statement, one line if possible, of the purpose or objective, of the trip must be entered on the line immediately below the last entry for each trip. If the claim is for several trips for the same purpose or objective, one statement will suffice for those trips. Vouchers which are required in support of various expenses must be arranged in chronological order and attached to the claim. Each voucher must show the date, cost, and nature of the expense.

MULTIPLE PAGES—If your claim is more than one page, indicate page number and total number of pages. DO NOT total each page. Use subtotals and enter the total amount of the claim on the last page of the claim in the space for "TOTALS" and "CLAIM TOTAL."

COLUMN ENTRIES

- (1) **NORMAL WORK HOURS**—Enter your beginning and ending normal work hours using twenty-four-hour clock (example: 0800 = 8:00 a.m.).
- (2) **PRIVATE VEHICLE LICENSE NUMBER**—Enter license number of the privately owned vehicle used on official State business. To claim reimbursement, you must have met the requirements as prescribed by SAM Sections 0751, 0752 and 0753 pertaining to operator requirements, vehicle safety, seat belt usage and authorization.
- (3) **MILEAGE RATE CLAIMED**—Enter the rate of reimbursement being claimed for private vehicle use. Rate will not exceed rate established in contracts and DPA rule 599.631.
- (4) **MONTH/YEAR**—Enter numerical designation of month and last two digits of the year in which the first expenses shown on the form were incurred.
- (5) **DATE/TIME**—Enter date and time of departure on the appropriate line using twenty-four-hour clock (example: 1700 = 5:00 p.m.). Show time of departure on date of departure, show time of return on the date of return. If departure and return are on the same date, enter departure time above and return time below on the same line. Where the first date shown is a continuation of trip, enter "Continuing" above that date, and where a trip is continuing beyond the last date shown, write "Continuing" after the last date.
- (6) **LOCATIONS WHERE EXPENSES WERE INCURRED**—Enter the name of the city, town, or location where expenses were incurred. Abbreviations may be used.
- (7) **LODGING**—Enter the actual cost of the lodging in accordance with and not to exceed the maximum amount authorized by current Department of Personnel Administration (DPA) regulations and bargaining agreements. A receipt is required for any lodging expense.
- (8) **MEALS**—Enter the actual cost of each meal not to exceed the maximum amount for each meal as authorized by current DPA regulations and in accordance with bargaining agreements. Dinner column is to be used to claim dinner on regular travel, overtime meals, and long term and relocation daily meal expenses. Receipts for meals must be maintained by the employee as substantiation that the amount claimed was not in excess of the amount of actual expense.
OVERTIME MEAL AND BUSINESS RELATED MEAL—Enter the actual cost of the meal not to exceed the maximum amount authorized by current DPA regulations, and bargaining agreements. Refer to DPA Management Memos for receipt requirements.
- (9) **INCIDENTALS**—The term incidentals includes, but is not limited to, expenses for laundry, cleaning and pressing of clothing, and fees and tips for services, such as for porters and baggage carriers. It does not include taxicab fares, lodging taxes or the costs of telegrams or telephone calls. Enter the total actual cost of incidentals not to exceed the maximum amount authorized by current DPA regulations and agreements.
- (10) **TRANSPORTATION**—Purchase the least expensive round-trip or special rate ticket available. Otherwise the difference will be deducted from the claim. If you travel between the same points without using round-trip tickets, an explanation should be given.
 - (A) **COST OF TRANSPORTATION**—Enter the cost of purchased transportation. Show how transportation was obtained if fare was not purchased for cash. Use "CC" for credit card and "C" for cash. If transportation was paid by the State, enter method of payment only. Use "SCC" for State credit card, "TO" for ticket order or "BSA" for billed to State agency. Attach all passenger coupons and ticket order stubs including the unused portion of tickets, other credit documents or premiums, where credits or refunds are due to the State.
 - (B) **TYPE OF TRANSPORTATION USED**—Enter method of transportation used. Use "R" for railway, "B" for bus, airporter, light rail, or BART, "A" for scheduled commercial airline, "RA" for rental aircraft, "DA" for department-owned aircraft, "PA" for privately owned aircraft, "PC" for privately owned car, truck or other privately owned vehicles, "SV" for specially equipped vehicle for the handicapped, "SC" for State vehicles, "RC" for rental vehicles, "T" for taxi, and "BI" for bicycle. Supervisors shall not authorize the use of motorcycles on official State business, and no reimbursement will be allowed for motorcycles.
 - (C) **CAR FARE, TOLLS, AND PARKING**—Enter streetcar, ferry, local rapid transit, taxi, shuttle or hotel-bus fares, bridge and road tolls, and parking charges; attach a voucher for any parking charge in excess of \$10.00 for any one continuous period of parking and each item of expense in this item.
 - (D) **PRIVATE CAR USE**—Enter number of miles traveled and amount due for mileage for the use of privately owned automobiles as authorized by current agreements and DPA regulations 599.631.
- (11) **BUSINESS EXPENSE**—Claims for phone calls must include the place and party called. If charge exceeds \$5.00, support by vouchers or other evidence. Emergency purchases of equipment, clothing or supplies, travel expenses of inmates, wards, or patients of institutions, and all other charges in excess of \$1.00 require receipts and an explanation.
- (12) **ENTER TOTAL EXPENSES FOR DAY**
- (13) **ENTER SUBTOTALS OR TOTALS**
- (14) **PURPOSE OF TRIP, REMARKS OR DETAILS**—Explain need for travel and any unusual expenses. Enter detail or explanation of items in other columns, if necessary. Vouchers must be provided for any miscellaneous item of expense.
- (15) **CLAIMANT'S CERTIFICATION AND SIGNATURE**—Your signature certifies that expenses claimed were actually incurred as a result of conducting state business and that the cost of operating the vehicle is at or above the rate claimed.
- (16) **SIGNATURE OF OFFICER APPROVING PAYMENT**—Certifies and authorizes travel; approves expenses as incurred on State business.
- (17) **SIGNATURE OF AUTHORITY FOR SPECIAL EXPENSES**—When a claim for conference or convention expense under Sections 599.635 and 599.635.1 of the DPA regulations and detailed in SAM Section 0724 is included, or when reimbursement of a business expense exceeds \$25.00 or when reimbursement for Bar dues or license fees is included, the signature of the approving officer is required, either on a separate document attached to this claim or by signature in this block.

*** PRIVACY STATEMENT**

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that the following notice be provided when collecting personal information from individuals.

AGENCY NAME: Appointing powers and the State Controller's Office (SCO).

UNITS RESPONSIBLE FOR MAINTENANCE: The accounting office within each appointing power and the Audits Division, SCO, 3301 C Street, Room 404, Sacramento, CA 95816.

AUTHORITY: The reimbursement of travel expenses is governed by Government Code Sections 19815.4(d), 19816, and 19820. These sections allow the Department of Personnel Administration (DPA) to establish rules and regulations which define the amount, time, and place that expenses and allowances may be paid to representatives of the State while on State business.

PURPOSE: The information you furnish will allow the above-named agencies to reimburse you for expenses you incur while on official State business.

OTHER INFORMATION: While your social security account number (SSAN) and home address are voluntary information under Civil Code Section 1798.17, the absence of this information may cause payment of your claim to be delayed or rejected. You should contact your department's Accounting Office to determine the necessity for this information.

APPENDIX A-3

http://www.documents.dgs.ca.gov/osp/pdf/std269.pdf

STATE OF CALIFORNIA

REPORTING AUTOMOBILE ACCIDENTS

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

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

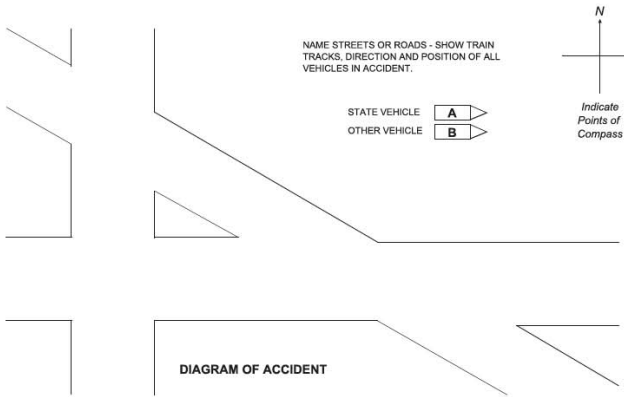
Accidents resulting in any injury to persons other than employees, or involving serious damage to the property of others, must be reported immediately by telephone to the Office of Risk and Insurance Management or an advance copy of STD-270 may be faxed to the ORIM.

DO NOT DISCUSS ACCIDENT WITH ANYONE EXCEPT:

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

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

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



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

STATE OF CALIFORNIA - DGS 081M

ACCIDENT IDENTIFICATION

STD. 269 (REV. 3/2012)

IMPORTANT

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

DRIVERS FULL NAME AND WORK TELEPHONE NUMBER

DRIVERS LICENSE NUMBER

DEPARTMENT EMPLOYED BY

DATE AND LOCATION OF ACCIDENT

YEAR AND MAKE OF STATE VEHICLE

LICENSE NUMBER OF STATE VEHICLE



ANY INQUIRY REGARDING ACCIDENT MAY BE ADDRESSED TO:

OFFICE OF RISK AND INSURANCE MANAGEMENT
 DEPARTMENT OF GENERAL SERVICES
 707 THIRD STREET, FIRST FLOOR
 WEST SACRAMENTO, CA 95605
 Internet: claims@dgs.ca.gov
 (916) 376-5302
 1-800-900-5634 Toll Free

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

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

(OVER)

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

REPORTING OF CLAIMS

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

OFFICE OF RISK AND INSURANCE MANAGEMENT
 (916) 376-5300/5302 (CALNET: 480-5300/5302) or
 1-800-900-3634 TOLL FREE
 FAX (916) 376-5277

On weekends or holidays, leave a Voice Mail message
 (which will be returned on the next business day).

APPENDIX A-4

<http://www.documents.dgs.ca.gov/osp/pdf/std270.pdf>



STATE OF CALIFORNIA - DGS ORIM

VEHICLE ACCIDENT REPORT

STD. 270 (REV. 2/2002c)

THIS REPORT MUST BE MAILED WITHIN 48 HOURS AFTER ACCIDENT (ACCIDENTS INVOLVING INJURY SHOULD FIRST BE CALLED OR FAXED TO ORIM AT (916) 376-5302 - CALNET 480-5302 - FAX (916) 376-5277.)

*** CONFIDENTIAL INFORMATION ***

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

DISTRIBUTION: OFFICE OF RISK AND INSURANCE MANAGEMENT
 ORIGINAL - 707 THIRD STREET, FIRST FLOOR
 WEST SACRAMENTO, CA 95606
 COPY - STATE GARAGE (DGS pool vehicle only)
 COPY - DEPT. FILES (Dept. owned vehicles only)
 COPY - STATE DRIVER (Dept. owned vehicles only) Page of

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

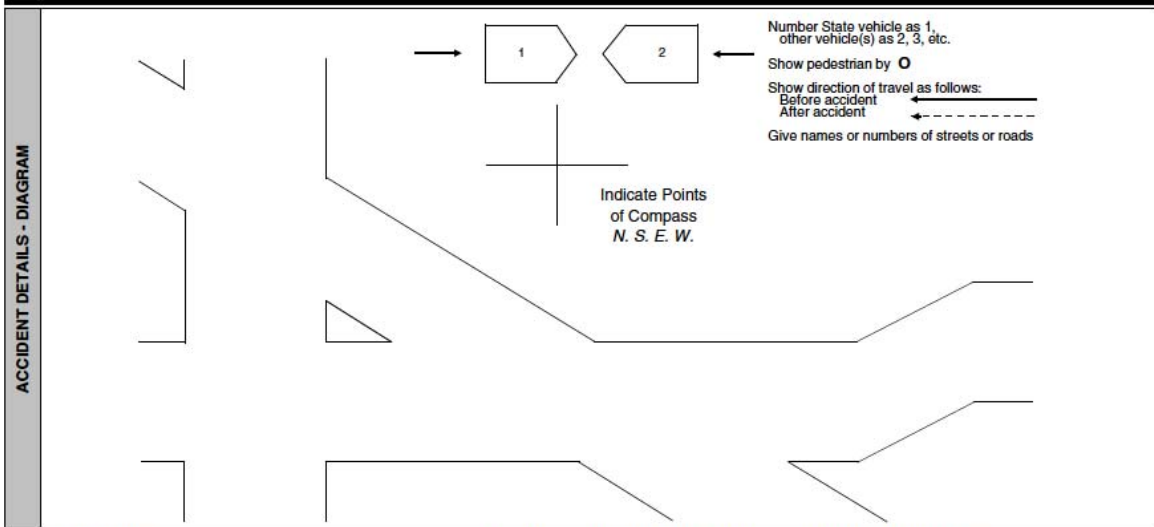
STATE DRIVER	NAME		AGE	EMPLOYING DEPARTMENT		AGENCY BILLING CODE	
	DRIVER'S LICENSE NO.		ACCIDENT DATE	TIME	OFFICE ADDRESS		AGENCY DOCUMENT NO. (Optional)
	WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS? (If NO, attach explanation) <input type="checkbox"/> YES <input type="checkbox"/> NO						BUSINESS TELEPHONE
STATE VEHICLE	DATE DRIVER LAST COMPLETED STATE DEFENSIVE DRIVER TRAINING		Month/Year	JOB TITLE			
	VEHICLE LICENSE NUMBER		VEHICLE YEAR, MAKE, MODEL		VEHICLE OWNER		
	DESCRIBE DAMAGES TO STATE VEHICLE		ESTIMATED REPAIR COST	<input type="checkbox"/> DEPARTMENT OWNED <input type="checkbox"/> DGS POOL <input type="checkbox"/> RENTAL <input type="checkbox"/> EMPLOYEE OWNED IF DEPARTMENT OWNED OR RENTAL, ENTER OWNER'S NAME		DEPT. VEHICLE NO. (Optional)	
ACCIDENT DETAILS (See Reverse for Diagram and Description)	ACCIDENT LOCATION (Address/Area)			ROAD CONDITIONS			
	(City/State)			WEATHER CONDITIONS			
	(County)			TRAFFIC CONDITIONS			
	POLICE REPORT MADE <input type="checkbox"/> YES <input type="checkbox"/> NO			NAME AND ADDRESS OF INVESTIGATING AGENCY			
	AGENCY <input type="checkbox"/> CHP <input type="checkbox"/> OTHER						
OTHER VEHICLE	DRIVER'S NAME		AGE / DOB	VEHICLE LICENSE NUMBER	VEHICLE YEAR, MAKE, MODEL	NO. OF PASSENGERS	
	DRIVER'S LICENSE NO.		HOME TELEPHONE	WORK TELEPHONE	REGISTERED OWNER		
	DRIVER'S ADDRESS (Street, City, State, Zip Code)			OWNER'S ADDRESS		HOME TELEPHONE	
						WORK TELEPHONE	
	BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY			NAME AND ADDRESS OF OTHER PARTY'S INSURANCE			
INJURED	NAME		AGE	ADDRESS		HOSPITAL	
	NAME		AGE	ADDRESS		HOSPITAL	
WITNESS	NAME		TELEPHONE	ADDRESS			
	NAME		TELEPHONE	ADDRESS			
VEHICLE PASSENGERS STATE OTHER	NAME		ADDRESS				
	NAME		ADDRESS				
	NAME		ADDRESS				
	NAME		ADDRESS				

(CONTINUE ON REVERSE)

VEHICLE ACCIDENT REPORT
 STD. 270 (REV. 2/2002c) (REVERSE)

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

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



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

APPENDIX A-5

<http://www.documents.dgs.ca.gov/osp/pdf/std274.pdf>

STATE OF CALIFORNIA – GENERAL SERVICES – RISK AND INSURANCE MANAGEMENT

STATE DRIVER ACCIDENT REVIEW

STD. 274 (REV. 1/2003)

PLEASE PRINT OR TYPE

SUPERVISOR'S REVIEW - FOR DEPARTMENTAL ACCIDENT PREVENTION

- PURPOSE:** To have supervisor investigate each driver accident, report facts and circumstances, confirm that the State vehicle was used on State business, and initiate or recommend action to achieve accident prevention.
- HOW:** Use sources of information listed on the back of this form. Report on all accidents, regardless of who was hurt, what property was damaged, or who was responsible. (SAM 2430)
- WHO:** **SUPERVISOR** who authorized the employee to drive on State business must prepare this report, code the type of accident, and forward it to the reviewing officer/safety coordinator within five days from the date of the accident. Attach STD. 274 to the departmental copies of STD. 270 (if applicable). If STD. 270 is not required, send a copy of STD. 274 to the Office of Risk and Insurance Management, Health and Safety Unit.
- REVIEWING OFFICER:** You are responsible for the quality (accuracy and completeness) of the supervisor's report and to initiate follow-up action.

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

STATE DRIVER ACCIDENT REVIEW

STD. 274 (REV. 1/2003) (REVERSE)

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

DID YOU ?	YES	NO
<input type="checkbox"/> QUESTION STATE DRIVER	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> GO TO SCENE OF ACCIDENT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CLOSELY EXAMINE SEAT BELTS AND SAFETY EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> EXAMINE MECHANICAL DEFECTS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> READ POLICE REPORT AND CITATIONS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> REVIEW DL-254, ABSTRACT OF LICENSE RECORDS DEPARTMENT OF MOTOR VEHICLES	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> REVIEW DRIVER'S FILE -- DEPARTMENT RECORDS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ASK ABOUT ANY DISTRACTIONS OR ATTENTION DIVERTERS, PRIOR TO ACCIDENT (i.e., cellphone, eating, reaching, talking)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CONSIDER, WAS OUR DRIVER INFLUENCED BY FATIGUE, ILLNESS, MEDICINE OR ALCOHOL? IF YES, EXPLAIN _____	<input type="checkbox"/>	<input type="checkbox"/>

**SOME ACTION SUGGESTIONS AND RECOMMENDATIONS
(EXPLAIN ON OTHER SIDE)**

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

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

SUPERVISOR -- CLASSIFY FOR DEPARTMENTAL REPORTING

TYPE OF VEHICLE ACCIDENT:

COLLISION WITH OTHER VEHICLE

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

SOLO ACCIDENT

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

STRIKING PEDESTRIAN

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

MISCELLANEOUS ACCIDENT

24. Explain _____

WAS ACCIDENT PREVENTABLE BY STATE DRIVER ? Yes No

APPENDIX A-6

<http://www.documents.dgs.ca.gov/osp/pdf/std377.pdf>

STATE OF CALIFORNIA – OFFICE OF FLEET AND ASSET MANAGEMENT

VEHICLE HOME STORAGE REQUEST/PERMIT

STD. 377 (REV 8/2010) (FRONT)

INSTRUCTIONS:

1. The Vehicle Home Storage Request/Permit must be renewed annually.
2. Before completing this Request, refer to excerpts from the Guidelines for Approval on reverse.
3. Retain original permit for current and four previous fiscal years.
4. The annual summary report is due July 31 and is required to include at a minimum the total number of home storage permits and name and telephone number of point of contact as well as additional information as directed by the DGS.
5. Submit annual report to:

Department of General Services
Office of Fleet and Asset Management
1700 National Drive, Sacramento, CA 95834

AGENCY PERMIT NUMBER
EXPIRATION DATE

DEPARTMENT		DATE REQUESTED	VEHICLE OPERATOR'S NAME	
DIVISION/UNIT		OFFICE TELEPHONE (CALNET)	CLASSIFICATION	WORKING HOURS
OFFICE ADDRESS (Street and Number) (City) (State) (Zip Code)			HOME ADDRESS (Street and Number) (See Privacy Statement below) (City) (State) (Zip Code)	
OFFICIAL BUSINESS MILES TRAVELED PER MONTH	DISTANCE FROM HOME TO OFFICE	DISTANCE FROM HOME TO WORK LOCATION	DISTANCE FROM OFFICE TO WORK LOCATION	
NUMBER OF TIMES PER MONTH VEHICLE TO BE STORED AT HOME		NUMBER OF TIMES PER MONTH VEHICLE TO BE STORED AT A STATE FACILITY	STATE FACILITY STORAGE LOCATION	

IF YOU DRIVE AN ASSIGNED VEHICLE OR ALWAYS UTILIZE THE SAME VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

VEHICLE YEAR _____ MAKE _____ MODEL _____ VIN _____ LICENSE PLATE NUMBER _____

GEOGRAPHIC AREA WHERE TRAVEL OCCURS

PURPOSE OF TRAVEL/NATURE OF WORK

CIRCUMSTANCES NECESSITATING HOME STORAGE

Please refer to the back of this form under this heading for the six circumstances that allow for home storage, and fill-in all the circles that apply. (Must meet at least one of the six criteria.)

(1) (2) (3) (4) (5) (6)

Employees, Supervisors, and Approving Officers are responsible for having read the excerpts from the Evaluation Guidelines on the reverse of this form.

EMPLOYEE'S SIGNATURE		PRINT NAME	DATE SIGNED
THIS REQUEST IS APPROVED FOR			
<input type="checkbox"/> THREE MONTHS BEGINNING _____ ENDING _____		<input type="checkbox"/> ONE YEAR BEGINNING _____ ENDING _____	
THIS REQUEST IS			
<input type="checkbox"/> NEW		<input type="checkbox"/> RENEWAL	<input type="checkbox"/> DISAPPROVED
SUPERVISOR'S SIGNATURE	PRINT NAME	POSITION/CLASSIFICATION	DATE SIGNED
APPROVING OFFICER'S SIGNATURE (Department Head, Deputy, or Chief Administrative Officer)	PRINT NAME	TITLE	DATE SIGNED

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), the principal purpose for the employee's home address is to administer the Vehicle Home Storage program. Failure to provide the information may delay processing of the request.

No disclosure of personal information will be made unless permissible under Article 6, Section 1798.17 of the Information Practices Act. Each individual has the right to inspect personal information in records maintained on the individual. The responsibility for maintenance of the information rests in the chief administrative officer of the employing department.

All State employees with the sole exception of elected officials are required by law to meet the following usage criteria.

GUIDELINES FOR APPROVAL

Following are excerpts from the Government Code and the Department of Personnel Administration Regulations provided for assistance in determining what is appropriate vehicle use and what is misuse. It is important that the signatories (employee, supervisor and approving officer) read and understand their responsibilities and liabilities prior to approval of the Vehicle Home Storage Request/Permit.

GOVERNMENT CODE

§ 19993.1. Restriction of use to conduct of state business; carpool or vanpool program

State-owned motor vehicles shall be used only in the conduct of state business. State business shall include the operation of state-owned vehicles as commute vehicles in a carpool or vanpool program authorized by a state agency, provided that a daily, weekly, or monthly fee is charged that is adequate to reimburse the state for the cost of providing such vehicles for such purpose. No state officer or employee shall use, or permit the use of, any state-owned motor vehicle other than in the conduct of state business.

§ 19993.6. Suspension from state service for violations; notice; answer; hearing

The department, upon its own initiative, may suspend from state service without pay for a period not exceeding 30 days, any officer or employee of this state exempt from civil service for violating this chapter or the rules and regulations adopted pursuant thereto.

**CALIFORNIA CODE OF REGULATIONS
TITLE 2 - DEPARTMENT OF PERSONNEL ADMINISTRATION**

599.808. Storage of State-Owned Motor Vehicles.

(d) When a state-owned vehicle is to be stored frequently at or in the vicinity of an employee's home, regardless of the reason, a permit must be obtained in advance from his/her department. The permit must be signed by the department head, a deputy, or the chief administrative officer. The Department of General Services will prescribe the form and procedures relating to such permits. Permits will be available for review by the Department of General Services. At the discretion of General Services, any agency may be required to submit permits to it for final approval. For the purpose of enforcing this rule, "frequently" is defined as storing a state-owned vehicle at an employee's home, or in the vicinity thereof, for more than 72 nights over a 12-month period or more than 36 nights over any three-month period. (Register 86, No. 26-6-28-86)

599.803. Actual Costs and Liability Therefore.

(a) An employee shall be liable to the State for the actual costs to the State attributable to his/her misuse of a state-owned motor vehicle. Where, however, and to the extent that a superior directs the misuse, the superior and not the subordinate shall be liable. (Register 76, No. 48- 11-27-76)

STATE ADMINISTRATIVE MANUAL

**HOME STORAGE
(Renumbered from 4144 and Revised 6/96)**

Storage of State-owned mobile equipment at an employee's residence on a regular basis requires an approved Vehicle Home Storage Request/Permit form, STD. 377, be on file with the employee's department and be submitted to the Department of General Services for review upon request.

**OFFICE OF FLEET AND ASSET MANAGEMENT
HANDBOOK HOME STORAGE**

Agencies/departments are responsible for monitoring, approving and maintaining current Vehicle Home Storage Request/Permit, STD. 377, for the storage of state-owned mobile equipment at a state employee's home.

The STD. 377 is signed and approved by the:

- Supervisor, and
- Department head, deputy or chief administrative officer.
- At the discretion of DGS, the Office of Fleet and Asset Management.

Circumstances Necessitating Home Storage

Pursuant to the Department of Personnel Administration (DPA) General Civil Service Rules 599.802, unless an employee meets one of the six exceptions to this DPA Rule below, driving to or from the employee's home or the vicinity thereof after the completion of the employee's workday is considered a misuse of a state-owned vehicle. A Home Storage Permit is required when an employee meets at least one of these exceptions and stores the State vehicle at or in the vicinity of his/her home on a "frequent" basis as defined by CCR 509.808.

- (1) The employee departs or returns regularly from official trips away from the employee's headquarters under circumstances that make it impractical to use other means of transportation.
- (2) The employee departs or returns regularly from official trips away from the employee's headquarters and the employee's home is reasonably en route to or from the employee's headquarters or work site.
- (3) The employee uses the vehicle to conduct State business on the same day or before working hours on the succeeding work day. The mere possibility that the vehicle may be used outside of business hours by an employee "on call" does not qualify.
- (4) The employee responds to urgent or emergency calls outside scheduled working hours.
- (5) State, other government entity or commercial parking is not available.
- (6) The employee's duties require the employee to work unplanned overtime on a regular basis with the result that no other practical means of getting home is available.

Tax Consideration and Fringe Benefits Associated with State Vehicle Usage

State employees must report the taxable amount monthly on the State Controller's Office (SCO) form STD. 676V, Non-USPS Adjustment Request - Values (Fringe Benefit/Employee Business Expense) and submit to their Department's Human Resources Unit. Please refer to Federal Internal Revenue Service Publication 15-B for tax consequences.

Employees must apply facts and circumstances on a case-by-case basis to determine taxable "personal use." The SCO Payroll Procedures Manual (PPM) Section N 129.1 has information that covers the taxable event triggered by State vehicle use, as well as the reportable/taxable amount to report. PPM Section N 129.1 also includes information regarding the exceptions to the taxable reporting requirements (e.g. "Qualified Non-Personal Use Vehicles"). The PPM is available on the SCO website at http://www.sco.ca.gov/ppsd_ppm.html

APPENDIX A-7

OK, YOU'VE HAD A MOTOR VEHICLE ACCIDENT, SO NOW WHAT HAPPENS?

Well, that depends on **who** you are and **when** we're talking about. Hopefully, the following will help explain "Who's On First."

You are the state driver and it is immediately following the accident.

- At the accident scene, **do not admit fault or make any promises** that the state will pay for any damages. Using the Std 269 card that should be in your glove compartment, write down as much information as you can. Tear off the perforated part and give it to the other driver so he/she will know who you are and how to contact us.
- **If there were injuries to non-state parties, or if the other party suffered significant property damage**, report the accident to the Office of Risk and Insurance Management (ORIM) by telephone at (916) 376-5302. Complete the Std 270 **as soon as possible**. Have your supervisor or safety coordinator review the Std 270 **and sign it**.
- Immediately **FAX** a copy of the accident report (signed by employee and supervisor/safety coordinator) to the ORIM at 916-376-5277.
- ***The original Std 270 must be mailed to the ORIM within 48 hours following the accident.***

If you are contacted by the other driver, their insurance company or their attorney, give the caller no written nor recorded statements and refer them to the ORIM.

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

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

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

Whoever you are, if contacted by the claimant, it's OK to tell them the following:

- The ORIM handles and makes all the decisions on accident claims. (“All I do is report them to Sacramento”) **Make neither promises nor commitments to the claimants that their claim will be paid!**
- Refer claimants *directly* to the ORIM (916-376-5302 or 1-800-900-3634) *to expedite the handling of their claim.*
- If claimant wishes to protect themselves from the six-month claim-filing statute of limitations, they **may also** file a formal claim against the CSU. Information on how to file a claim with the CSU can be found at; http://www.calstate.edu/risk_management/claims/ or through the campus risk manager. **The claim form must be completed and submitted *prior* to six months after the accident.**
- In order to substantiate and document their property damage claim, **the claimant must provide the ORIM with a written estimate(s) as follows:**

One estimate if the repairs are less than \$500
Two estimates if the repairs are more than \$500

- If the claimant says that the “Motorists’ Bill of Rights” says they are only required to submit one estimate, tell them that is true, *but only* when one is dealing with his/her own insurance company.
- If the claimant’s car is not drivable, obviously they cannot obtain competitive repair estimates. The ORIM will handle this situation.
- The claimant **may elect** to have their own insurance company repair the damage if they have collision coverage. Their insurance company can then press their claim against the State and reimburse them. This is an **option** which is generally faster than making a claim against the State directly.
- If the claim is **only** for property damage, the claimant’s vehicle is drivable, and they are willing to allow you to delay forwarding the Std 270 to the ORIM by a couple days (only) to allow them time to obtain and give you one or two repair estimates, you can then wait to send in the Std 270 until you can attach the repair estimates to it. This approach, to be used **only with a cooperative claimant**, enables our office to obtain the entire package together at one time.

You are the state driver, and you have been served with a Small Claims Court summons and complaint.

- You will have to appear as ordered. The University General Counsel, ORIM, the Attorney General's Office and/or Caltrans' Legal Division cannot appear either with or on your behalf in Small Claims Court.
- Notify Campus Counsel & Risk Management. You should contact the ORIM to advise them. Campus Counsel and/or ORIM and they may be able to provide you with copies of documents as well as provide advice on how to proceed to defend yourself and your employer. We recommend that you take your supervisor or safety coordinator along with you to the trial.
- When you receive the verdict or judgment (usually by mail), call Campus Counsel and ORIM promptly to advise of the results.

You are the state driver, and you have been served with a Municipal or Superior Court summons and complaint.

- ***Call Campus Counsel, Risk Management and ORIM immediately.*** An answer must be filed within 30 days of service to avoid a default judgment, so do not delay in reporting.

If the above does not answer your particular question or address your situation, please contact Campus Counsel, Risk Management or call the ORIM at (916) 376-5302.

APPENDIX A-8

OK, YOU'VE HAD A MOTOR VEHICLE ACCIDENT IN A RENT-A-CAR VEHICLE, SO NOW WHAT HAPPENS?

Commercial Rental Vehicles: The Office of Fleet Administration negotiates with rental car companies each year. A list of the selected vendors and contract provisions may be found at www.ofa/services/CarRental.asp.

When vehicles are rented under the terms of these negotiated contracts there is no need to purchase ANY insurance as part of the rental contract. Rental car companies are responsible for any damage sustained to vehicles as well as any damages we cause third parties as a result of negligent operation of the vehicle, (up to \$500,000 for any one accident). **Use of the negotiated contracts is highly encouraged. For the contract terms to apply, State identification must be presented to the rental car company at the time the vehicle is rented.**

Please note that claims related to rental vehicles goes through the State Office of Risk Management who holds the agreement with the approved Rental agencies.

In addition to following the procedure pursuant to Appendix A-7 – “Ok, You’ve Had a Motor Vehicle Accident, So Now What Happens?” please note the following:

- Report the loss immediately to the rental car agency. The contact information should be located on the rental agreement. If after reporting the accident to the rental agency you are contacted by the rental agency, please refer them to the State Office of Risk Management. The State Office of Risk Management handles and makes all the decisions on accident claims. **Make no promises or commitments to the Rental Car agency.**
- Refer claimants directly to the State Office of Risk Management (916-376-5302 or 1-800-900-3634) to expedite the handling of their claim.
- Report the loss to your campus Risk Manager.

APPENDIX A-9

Motor Vehicle Pre-Use Safety Checklist

Department: _____

Vehicle Number: _____

Vehicle Make: _____ Model: _____

Do not operate any vehicle if an unsafe condition exists.	Checkout Date:	Checkout Date:	Checkout Date:	Checkout Date:	Checkout Date:
	Inspected/Driven By:	Inspected/Driven By:	Inspected/Driven By:	Inspected/Driven By:	Inspected/Driven By:
Windshield wipers and washers					
Directional signals					
Headlight/turn indicators/brake lights					
Horn and mirrors					
Safety belts					
Windshield					
Tire inflation and safe tread depth					
Exterior and interior condition acceptable					
Comments					
Checked in					

Any item not passing inspection shall immediately be brought to the attention of the department head, a garage work order issued and the vehicle repaired and returned to service as soon as possible.

APPENDIX A-10

Vehicle Safety Inspection

The following checklist is intended to assist Fleet Management in maximizing safety of University vehicles. Any “no” answer should be cause for concern and corrective action. Every fleet management should complete the following inspection checklist every 120 days or every 4000 miles driven (whichever comes first).

Vehicle Number: _____ Date: _____

Vehicle Make: _____ Model: _____

Odometer Reading: _____ Last Inspection: _____

	Yes	No
Is the University vehicle equipped with the following items in good operating condition:		
Adequate rearview mirrors?	<input type="checkbox"/>	<input type="checkbox"/>
Safety belts?	<input type="checkbox"/>	<input type="checkbox"/>
Windshield wiper blades and fluid?	<input type="checkbox"/>	<input type="checkbox"/>
Horn?	<input type="checkbox"/>	<input type="checkbox"/>
Correctly adjusted headlights?	<input type="checkbox"/>	<input type="checkbox"/>
Brakes with adequate stopping power?	<input type="checkbox"/>	<input type="checkbox"/>
Emergency brake?	<input type="checkbox"/>	<input type="checkbox"/>
Turn/directional signals?	<input type="checkbox"/>	<input type="checkbox"/>
Good tires with adequate tread and correct pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Oil and coolant levels?	<input type="checkbox"/>	<input type="checkbox"/>
Brake lights?	<input type="checkbox"/>	<input type="checkbox"/>
Taillights?	<input type="checkbox"/>	<input type="checkbox"/>
License plate light?	<input type="checkbox"/>	<input type="checkbox"/>
Tight muffler system?	<input type="checkbox"/>	<input type="checkbox"/>
Properly serviced fire extinguisher?	<input type="checkbox"/>	<input type="checkbox"/>
Intact windshield, with no cracks?	<input type="checkbox"/>	<input type="checkbox"/>
Is all seating in the vehicle secured to the frame?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an (Automobile Liability ID Card) located in the glove compartment or elsewhere in the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate notices posted in each vehicle as a reminder that all employees and their passengers are required to wear seat belts?	<input type="checkbox"/>	<input type="checkbox"/>

Inspector's Signature

Fleet Manager's Signature

APPENDIX A-12

USEFUL WEBSITE RESOURCES

State Office of Risk and Insurance Management (ORIM):
<http://www.dgs.ca.gov/orim/Home.aspx>

ORIM/Department of General Services online Defensive Driver Training:
<http://www.dgs.ca.gov/orim/Programs/DDTOnlineTraining.aspx>

DMV Employee Pull Notice Program:
<http://www.dmv.ca.gov/vehindustry/eprn/epngeninfo.htm>

Systemwide Risk Management – Filing Claims:
http://www.calstate.edu/risk_management/claims/

Official California Legislative Information:
<http://www.leginfo.ca.gov/>