

<b>COUNTY COLLEGE OF MORRIS</b> <b>Business and Finance Division Procedures</b>	
<b>Subject:</b> USE OF COLLEGE OWNED VEHICLES	<b>Page:</b> 14.07.01
	<b>Date:</b> 2/23/2021

General

College employees utilizing college owned vehicles, both on and off campus, must take responsibility for ensuring proper use, care and safety of the vehicles. Employees must comply with all NJ Motor Vehicle Rules and Regulations and the requirements of the Morris County Insurance Fund.

All college personnel are required to have a valid driver's license and must submit a Supplemental Driving Information form to request approval to drive college vehicles. Personnel must perform a visual/manual safety inspection before operating a college vehicle. Vehicles are to be used for College business only. Personnel must notify the Department of Public Safety immediately regarding any vehicle break down, damage to college property or accident involving a college owned vehicle. The Department of Public Safety must notify the Office of the Vice President for Business and Finance immediately so incidents can be reported promptly to Morris County Risk Management.

Authority

Vice President for Business and Finance  
Morris County Insurance Fund Loss Prevention Manual 3:5  
Title 39 of the New Jersey State Motor Vehicle Laws  
Title 2C of the New Jersey State Criminal Laws

Responsibility

Director of Public Safety  
Director of Plant and Maintenance  
Associate Director of Plant and Maintenance  
Auto Mechanic  
All Vehicle Operators  
Business Services Coordinator

Procedure

1. Any employee who is required to drive college vehicles by job description or wishes to drive a college vehicle occasionally for college business must complete a Supplemental Driving Information form (Attachment A) and submit it, along with a copy of the front and back of the driver's license, to the Business Services Coordinator. Human Resources will manage obtaining this form from new employees with job descriptions that require driving via the hiring process. The form and license will be submitted to Morris County Risk Management who will obtain an abstract to ensure the license is in good standing with the New Jersey Motor Vehicles Commission and requires the employee take a Defensive Driving Class within one year of submitting the Supplemental Driving Information form. The Business Services Coordinator will maintain an Approved Drivers List to be shared with the appropriate college authorities who must ensure drivers are on this list prior to providing keys. Keep in mind

<b>COUNTY COLLEGE OF MORRIS</b> <b>Business and Finance Division Procedures</b>	
<b>Subject:</b> USE OF COLLEGE OWNED VEHICLES	<b>Page:</b> 14.07.02
	<b>Date:</b> 2/23/2021

when driving in groups, only employees approved through this process are permitted to drive College vehicles.

2. Employee's approved to drive College vehicles must notify the Business Services Coordinator if their license becomes suspended or revoked. Motor vehicle violations incurred while a vehicle is under an employee's control are the fiscal responsibility of that employee. Employee may opt to either pay the fine promptly and submit proof of payment, or reimburse the college. Every January the Business Services Coordinator will submit the list of approved drivers to Morris County Risk Management to have all licenses rechecked and approved.
3. **Reserving the fleet vehicle which is managed by the Department of Public Safety for use by the general College population:** Employees approved to drive College vehicles may reserve the fleet vehicle by calling Public Safety at 973-328-5550. Public Safety will first check to ensure the employee is on the Approved Driver list and if so, submit a work order to Plant & Maintenance the morning of the day prior to use of the fleet vehicle requesting inspection by the College Auto Mechanic. After performing a visual inspection of the vehicle, Public Safety will sign the bottom of a CCM Vehicle Trip Report (Attachment C) and provide it along with the keys to the employee who will be required to complete the Trip Report and return it, along with the keys, to Public Safety upon return to campus. Vehicle should be returned to the Public Safety parking lot and secured by closing all windows and locking doors. Upon return of the fleet vehicle, Public Safety will perform a visual inspection of the vehicle, sign the bottom of the Trip Report, and submit a work order, with returned Trip Report attached, to Plant & Maintenance requesting the College Auto Mechanic inspect the vehicle.
4. **Reserving a vehicle assigned to a specific College department:** If a department assigned vehicle will be lent to employees outside the department, the Department Head will first check to ensure the employee is on the Approved Driver list and if so, should submit a work order to Plant & Maintenance the morning of the day prior to use of the fleet vehicle requesting inspection by the College Auto Mechanic. After performing a visual inspection of the vehicle, the Department Head will sign the bottom of a CCM Vehicle Trip Report (Attachment C) and provide it along with the keys to the employee who will be required to complete the ticket and return it to the Department Head, along with the keys, upon return to campus. Vehicle should be parked at the appropriate designated area and secured by closing all windows and locking doors. The Department Head will perform a visual inspection of the vehicle, sign the bottom of the Trip Report, and maintain a copy.

#### **VEHICLES ASSIGNED TO A PARTICULAR DEPARTMENT:**

5. Each time a vehicle will be **taken out of state** the Department Head should submit a work order to Plant & Maintenance the morning of the day prior to use of the fleet vehicle requesting the College Auto Mechanic complete step 8 below.

<b>COUNTY COLLEGE OF MORRIS</b> <b>Business and Finance Division Procedures</b>	
<b>Subject:</b> USE OF COLLEGE OWNED VEHICLES	<b>Page:</b> 14.07.03
	<b>Date:</b> 2/23/2021

6. Each time an employee enters a college vehicle for driving purposes he/she must first check for a valid inspection sticker, and ensure a valid registration, insurance card and County of Morris County Owned or Leased Motor Vehicle Accident/Incident Report (MC Vehicle Accident Report-Attachment B) are in the glove compartment.
7. Employees should also check the interior and exterior condition of the vehicle and report any noticeable damage, in writing, to the Department of Public Safety and the Department of Plant and Maintenance (this notification may be made by e-mail).
8. **For in-state travel**, prior to leaving campus the operator should check the fuel gauge level and the tires for excessive wear and proper air pressure. Operator must ensure the horn, directional signals, headlights, windshield wipers, brakes and brake lights are in working order and an emergency safety kit is located in the trunk. Any faulty or inoperable equipment should be reported immediately to the responsible department head who should notify the Department of Plant and Maintenance.
9. If the vehicle operator requires additional assistance inspecting a vehicle, the vehicle should be brought to the Plant and Maintenance garage to be inspected by the College auto mechanic prior to use.

#### **VEHICLES REQUIRING SERVICE:**

10. Vehicle requiring minor service or repair shall be immediately serviced by the college auto mechanic. Vehicles requiring specialty parts will be scheduled for service by Plant and Maintenance at a later date.
11. Vehicles with repairs pertaining to safety shall be removed from service immediately until repairs are completed under the authorization of the College Auto Mechanic.
12. Vehicle breakdowns must be reported to the Department of Public Safety. The Department of Public Safety will contact the Plant and Maintenance Department so that arrangements can be made to retrieve the disabled vehicle.
  - a. Breakdowns during normal work hours will require additional instructions from the Plant and Maintenance Department depending on the problem.
  - b. Breakdowns outside normal work hours will require additional instructions from the Public Safety Department.

#### **ACCIDENT/DAMAGE INVOLVING A COLLEGE VEHICLE**

13. Any employee driving a College vehicle involved in an accident, or discovering damage to a parked college vehicle must complete the Morris County Vehicle Accident Report (Attachment B) and submit it to his/her supervisor who must complete section 8 of said report. The

<b>COUNTY COLLEGE OF MORRIS</b> <b>Business and Finance Division Procedures</b>	
<b>Subject:</b> USE OF COLLEGE OWNED VEHICLES	<b>Page:</b> 14.07.04
	<b>Date:</b> 2/23/2021

supervisor must forward the report to the Department of Public Safety who will forward it to the Business Services Coordinator.

- **If the incident/accident occurred on campus**, employee must notify the Department of Public Safety immediately. The Department of Public Safety will contact the Randolph Police Department to conduct the investigation if they deem appropriate. If the Randolph Township Police responded, the Department of Public Safety will be responsible for obtaining a copy of the accident report from them and forwarding a copy to the Business Services Coordinator.
  - **If the accident occurred off campus**, the employee must contact the local police and immediately notify the Department of Public Safety and then his/her Supervisor. At the scene of the accident the employee should ask for the Accident Report number and the phone number to the responding police department which should be recorded on the Trip Report (Attachment C). The Department of Public Safety is responsible for obtaining a copy of the Local Police Accident Report and/or any pertinent documentation from the authority having jurisdiction and forwarding all documentation to the Business Services Coordinator.
14. Insurance reporting requirements as stated in Business and Finance Procedure 13.11 must be followed. The Business Services Coordinator must forward a copy of the Morris County Vehicle Accident Report and any Police Investigation Reports to Morris County Risk Management.



# County College of Morris

## SUPPLEMENTAL DRIVING INFORMATION

Please print or type all information.

Dept./Div:  Supervisor:  Date of Hire:

Name:  Telephone:

Address:  City:  State & Zip:

### DRIVER LICENSE INFORMATION

State	Driver's License Number	Type	Expiration Date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

**\*NOTE: PLEASE ATTACH A PHOTOCOPY OF BOTH SIDES OF YOUR DRIVER'S LICENSE.**

DO YOU CURRENTLY POSSESS A C.D.L.?  IF SO, WHAT ENDORSEMENT(S)?

HAVE ANY LICENSES OR PERMIT/PRIVILEGES BEEN SUSPENDED? Yes  No   
(If yes, specify in detail and attach a separate sheet if necessary)

This form is intended to provide supplemental information for a general employment application and is not intended to meet D.O.T. requirements.

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

Dept. Head Signature: \_\_\_\_\_ Date:

**Employee is required to notify the College of any changes of driver license status.**

Risk Management: Granted / Denied

By  Date

DDC  By  Date



COUNTY OF MORRIS  
COUNTY OWNED OR LEASED MOTOR VEHICLE ACCIDENT/INCIDENT REPORT

**1. ACCIDENT INFORMATION:**

- a. Date and Time of Accident or Loss: \_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_  a.m.  p.m.
- b. Location of Accident: \_\_\_\_\_
- c. Employee: \_\_\_\_\_ d. Title: \_\_\_\_\_
- e. Driver's License #: \_\_\_\_\_ f. Department: \_\_\_\_\_
- g. Supervisor: \_\_\_\_\_

**2. POLICE NOTIFICATION:** Were police notified?  Yes  No

- a. Police Department (Municipality): \_\_\_\_\_
- b. Name of Investigating Officer: \_\_\_\_\_ Badge#: \_\_\_\_\_
- c. Police Accident Report #: \_\_\_\_\_ Date Reported to Police: \_\_\_\_\_

**3. DESCRIPTION OF ACCIDENT:**

USE THE ACCIDENT REPORTING PACKET LOCATED IN THE VEHICLE'S GLOVE COMPARTMENT FOR ASSISTANCE

**4. DAMAGE TO COUNTY PROPERTY:**

- a. Vehicle year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate#: \_\_\_\_\_ State: \_\_\_\_\_
- b. Description of Damage: \_\_\_\_\_
- c. Purpose of Vehicle Use at Time of Accident: \_\_\_\_\_
- d. Description of Road Equipment Damaged: \_\_\_\_\_
- e. Equipment Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate#: \_\_\_\_\_ State: \_\_\_\_\_
- f. Description of Damage: \_\_\_\_\_
- g. Were any passengers in this vehicle?  Yes  No  
If so, provide names \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. DAMAGE TO NON-COUNTY PROPERTY OR OTHER VEHICLE:**

a. Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
b. Owner's Address: \_\_\_\_\_  
c. Driver's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
d. Driver's Address: \_\_\_\_\_  
e. Driver's License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ State: \_\_\_\_\_  
f. Insurance Co. Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
g. Description of Damage: \_\_\_\_\_  
h. Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_  
i. Were any passengers in this vehicle?  Yes  No  
*If so, provide names* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. PERSONAL INJURY:**

a. Name: \_\_\_\_\_ Injury: \_\_\_\_\_  
b. Name: \_\_\_\_\_ Injury: \_\_\_\_\_  
c. Name: \_\_\_\_\_ Injury: \_\_\_\_\_  
d. Name: \_\_\_\_\_ Injury: \_\_\_\_\_  
e. Name: \_\_\_\_\_ Injury: \_\_\_\_\_

**7. WITNESSES:**

a. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
b. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
c. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
d. Name: \_\_\_\_\_ Address: \_\_\_\_\_

**8. SECTION TO BE COMPLETED BY SUPERVISOR OF DRIVER:**

a. After review of this report, what in your opinion caused this accident/incident? \_\_\_\_\_  
\_\_\_\_\_  
b. Do you believe this accident/incident was preventable? \_\_\_\_\_  
\_\_\_\_\_  
*If yes, what could have been done to prevent the accident/incident:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPERVISOR'S/DIVISION HEAD'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THE VEHICLE/EQUIPMENT MUST BE INSPECTED BY THE MOTOR SERVICE CENTER WITHIN (2) WEEKS. RETURN THIS FORM AND ANY OTHER PERTINENT INFORMATION TO RISK MANAGEMENT WITHIN 48 HOURS.**

**DRIVER'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Preventable: \_\_\_\_\_ Non-Preventable: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Print Form**

**Save Form**

# CCM VEHICLE TRIP REPORT

Name \_\_\_\_\_ Mileage In \_\_\_\_\_

Veh/Lic Plate # \_\_\_\_\_ Mileage Out \_\_\_\_\_

Dept. Budget # \_\_\_\_\_ - 9411 Total Miles \_\_\_\_\_

Time Out \_\_\_\_\_ Date \_\_\_\_\_

Time In \_\_\_\_\_ Date \_\_\_\_\_

Other occupants in vehicle \_\_\_\_\_

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Destination \_\_\_\_\_

Purpose of trip \_\_\_\_\_

\_\_\_\_\_

Received:  Keys Credit Card:  Sunoco  Exxon

Condition of returned vehicle (if unchanged, stipulate and initial.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was vehicle involved in an accident?  No  Yes :

Accident Report # \_\_\_\_\_ Police Dept. Phone # \_\_\_\_\_

Did you have any problems with this vehicle?  No  Yes

If yes, describe: \_\_\_\_\_

Signature of person returning vehicle: \_\_\_\_\_

**For Public Safety or Department Head Use**

Keys  Credit Card  Accident Report (if any)  Repair/Problems

Vehicle Inspected - Out : \_\_\_\_\_

Vehicle Inspected - In: \_\_\_\_\_

This vehicle may not be used at any time for personal use or purpose other than indicated above.