

# ***DIOCESE OF ALLENTOWN***

## ***VEHICLE SAFETY POLICY***

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Throughout the Diocese of Allentown, we have taken pride in our record of safety. Although our history is exemplary, it is always necessary to strive for improvement of safety practices. The revised Vehicle Safety Policy is a step in this direction.

The intention of this program is to standardize the safety methods and procedures used within our parishes, schools, and offices throughout the diocese. Please note that this policy applies to not only Diocesan owned vehicles but also privately owned vehicles being used for any parish, school, or administrative office purpose.

It is up to us, employers, and employees to become familiar with this policy, and follow the safety regulations noted.

Please review this policy carefully and thank you in advance for your cooperation.

# ***DIOCESE OF ALLENTOWN VEHICLE SAFETY POLICY***

Commercial carrier or contracted transportation is the most desirable method to be used and, whenever possible, this mode of transportation should be provided. The use of private passenger vehicles is discouraged and should be avoided if possible. If commercial carriers are used (e.g., commercial airlines, trains, or buses) no further information is required. However, if transportation is contracted, (chartered bus) signed contracts should be executed with an appropriate hold harmless agreement protecting the location and the Diocese. Also, contracted carriers should provide proof of insurance with minimum limits of liability of \$2,000,000 CSL (Combined Single Limit).

## **I. ADMINISTRATIVE REQUIREMENTS**

An Administrator from each location must view Catholic Mutual's on-line training video entitled ***Church Transportation - Is it Necessary and Ministry Based?*** This training must be completed by An administrator once every two years.

## **II. ALL DRIVERS**

- A. Drivers must be 21 years of age or older.
- B. Drivers must have a valid, non-probationary driver's license and no physical disability that would impair his/her ability to drive the vehicle safely.
- C. Drivers must possess a current, valid driver's license for the type of vehicle they will be operating.
- D. An individual will NOT be allowed to drive or provide volunteer transportation on behalf of any diocesan entity who has had any of the following citations or convictions in the past five years:
  - 1. Operating a vehicle during a period of license suspension, revocation, or forfeiture
  - 2. Driving under the influence of alcohol or drugs
  - 3. Hit and run accident
  - 4. Failure to report an accident
  - 5. Negligent homicide arising out of the use of a motor vehicle
  - 6. Using a motor vehicle for the commission of a felony
  - 7. Operating a motor vehicle without the owner's authority
  - 8. Permitting an unlicensed person to drive
  - 9. Reckless driving
  - 10. A combined total of three or more accidents and/or moving violations
- E. It is the responsibility of the driver to ensure that passengers adhere to the current Commonwealth of Pennsylvania safety belt laws and regulations.
- F. All operators are required to take the online defensive driving course, ***Be Smart-Drive Safe.***
- G. Cell phones and other handheld electronic devices are not permitted to be used while driving a motor vehicle.

## **III. EMPLOYEE DRIVERS**

- A. Employees driving in the course of their employment must have a Motor Vehicle Record (MVR) check completed. (Appendix A)

#### IV. VOLUNTEER DRIVERS

- A. Any volunteer driver must complete the **Driver Information Form** (Appendix B).
- B. Any volunteer who drives on a regular basis for diocesan/parish business should have a Motor Vehicle Record (MVR) check completed.

#### V. USE OF 11 (including drivers) to 15 PASSENGER VANS

- A. The use of 11 (including drivers) to 15 passenger vans is strictly prohibited.

#### VI. USE OF PRIVATE VEHICLES

- A. All privately owned vehicles used on behalf of the parish/school must be insured. They must have a valid and current registration, license plates and proof of insurance card.
- B. The vehicle must be in safe operating condition.
- C. The automobile insurance company of the owner of the vehicle will be the primary insurance carrier.
- D. The minimum liability limits for privately owned vehicles is \$100,000/\$300,000.

#### VII. DIOCESAN-OWNED VEHICLE MAINTENANCE

- A. Each institution will implement a quarterly vehicle maintenance and inspection program in addition to the manufacturer's operation and maintenance recommendations.
- B. All diocesan-owned vehicles must be equipped with a first aid kit, fire extinguisher, and a road safety kit.

#### VIII. ACCIDENT REPORTING

- A. If an accident occurs:
  - 1. Obtain medical assistance, if needed, at the scene as soon as possible.
  - 2. Contact local police, sheriff, or highway patrol authorities as required.
  - 3. Exchange driver, vehicle, and insurance information.
  - 4. Report the accident/moving violation to the insurance agent.
  - 5. Report the accident/moving violation to the Diocese of Allentown – Administrative Office
  - 6. Complete the **Vehicle Accident Report** (Appendix C.)

#### IX. RECORD KEEPING

- A. Records pertaining to driver selection and training should be kept on file for a period of three years following termination of their driving privileges.
- B. Vehicle maintenance logs and vehicle inspections must be maintained for the duration of ownership of diocesan-owned vehicles.
- C. All diocesan-owned vehicles must carry, at all times, a current vehicle proof of insurance identification card.
- D. Retention of Forms:
  - 1. *Appendix B: Driver Information Form*, retain for a minimum of 3 years.
  - 2. *Appendix C: Vehicle Accident Report*, retain for 7 years from date of accident.

**DIOCESE OF ALLENTOWN**  
**DRIVER INFORMATION FORM**

**Driver**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

**Vehicle That Will Be Used**

Name of Owner \_\_\_\_\_ Year / Make of Vehicle \_\_\_\_\_  
Address of Owner \_\_\_\_\_ Model of Vehicle \_\_\_\_\_  
\_\_\_\_\_  
Date of Expiration \_\_\_\_\_  
License Plate # \_\_\_\_\_

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

**Insurance Information**

Insurance Company \_\_\_\_\_ Liability Limits of Policy\* \_\_\_\_\_  
(Please note: minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000)

Policy # \_\_\_\_\_ Date of Policy Expiration \_\_\_\_\_

\*\*\* Please be aware that as the driver of this vehicle, your insurance is primary\*\*\*

\*\*\*Driver **MUST** complete the **Be Smart – Drive Safe II** defensive driver training \*\*\*

**Driving Record**

1) I certify that I have NOT had a conviction for any of the following violations in the past five years:

Driving under the influence of alcohol or drugs  
Hit and Run  
Failure to report an accident  
Negligent homicide  
Operating a Motor Vehicle during a period of suspension or revocation  
Using a Motor Vehicle for the commission of a felony  
Operating a Motor Vehicle without authority (grand theft)  
Permitting an unlicensed person to drive  
Reckless Driving

2) I certify that my driving record does not include a total of three accidents and/or moving violations in the past five years.

**Certification**

***I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for church ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used for a parish, school or diocesan location activity or business. I have successfully completed the BE-SMART, DRIVE SAFE on-line training. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## VEHICLE ACCIDENT REPORT

Driver: \_\_\_\_\_ Date of birth: \_\_\_\_\_

License #: \_\_\_\_\_ Vehicle: \_\_\_\_\_  
Year Make Model

Vehicle Identification Number: \_\_\_\_\_

### ACCIDENT INFORMATION

Date: \_\_\_\_\_ Time: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Street location: \_\_\_\_\_

Description: \_\_\_\_\_

Use reverse side if necessary.

### OTHER VEHICLE(S)

Year/Make/Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_

State: \_\_\_\_\_

Owner's name and address: \_\_\_\_\_

Driver's name and address: \_\_\_\_\_

Driver's license #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Relationship to owner: \_\_\_\_\_

Description of damage: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

### INJURIES

Name: \_\_\_\_\_

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

Extent of Injuries: \_\_\_\_\_

Use reverse side if necessary.

### WITNESS

Name: \_\_\_\_\_

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

Extent of Injuries: \_\_\_\_\_

Use reverse side if necessary.

### OTHER PROPERTY DAMAGE

Owner's Name: \_\_\_\_\_

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

Extent of Damage: \_\_\_\_\_

Use reverse side if necessary.

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