

# Cherry Hill Glass Company Vehicle Policy

## Scope

All employees operating company owned, rented or leased vehicles.

Company owned, rented, or leased vehicles shall be used exclusively for company business. Personal use of company vehicles should be limited.

Supervisors who are working out of town may use a company owned, rented, leased vehicle, permanently assigned to them, for other personal use.

## Responsibilities

Company owned rented, or leased vehicles must be operated in accordance with the company safety program and all applicable laws.

All drivers of vehicles used for company business must have acceptable driving records and an appropriate valid operators license. Employees with an unacceptable driving record will be denied driving privileges for company business.

- ✓ Criteria for assessing driving record (MVR) acceptability is included in the attachment section of this part as Attachment B.

Employees may not use company vehicles, not permanently assigned to them, for personal use without the authorization of their supervisor. Company vehicles may not be used for side jobs or work performed for other companies.

Employees, permanently assigned a company vehicle shall not authorize other family members to operate their company vehicle.

- ✓ Non-employees under 25 years of age may not operate company vehicles.
- ✓ Non-family members should not be allowed to drive company vehicles.

Employees who have been given responsibility for permanently assigned company vehicles - are responsible for all maintenance of the vehicle. Employees permanently assigned company vehicles are expected to complete all maintenance activities outside of working hours and in accordance with the manufacturers suggested maintenance schedule.

Vehicles with defective equipment and/or requiring maintenance should not be driven for company business. All company vehicles should be equipped with all necessary safety equipment including spare tire, jack and warning triangles.

A current copy of the vehicle registration and insurance certificate shall be kept in each vehicle.

Personal vehicles are not allowed on customer work sites except for designated contractor personnel parking areas.

## **Operating Costs**

All maintenance costs for company owned vehicles will be reimbursed by the company in accordance with the company employee job-related expense policy.

All fuel costs for company owned vehicles used for company business will be reimbursed by the company.

All fuel costs related to personal business will be paid for by the employee.

### **The following protocol shall be observed for report of all accidents involving company vehicles.**

- ✓ NOTE: Accidents occurring on private property may not require reporting to law enforcement agency. However, the property owner shall be informed of the event.
- ✓ Report accident by phone to the Company Safety Department as soon as practicable.
- ✓ Send a copy of the Report of Vehicle Accident form to Supervisor and Safety Director ASAP.
- ✓ Bring the completed copy of the Report of Vehicle Accident form to the Company Safety Department.

### Attachments

Attachment A – Report of Vehicle Accident

Attachment B – Motor Vehicle Record Evaluation Program

Attachment C – Truck/Trailer Inspection Form

# REPORT OF VEHICLE ACCIDENT

## *What to do when you are involved in an accident:*

1. STOP IMMEDIATELY. If someone is hurt, call police and request ambulance.
2. Complete this report at scene of accident. Fill in **ALL** information.
3. Call police if other driver does not have a valid operator's license.
4. Get names and addresses of all witnesses.
5. Exchange driver information ONLY with others involved.
6. DO NOT GIVE INFORMATION concerning accident to anyone other than police.
7. DO NOT ADMIT GUILT TO ANYONE.
8. DO NOT SIGN ANYTHING.
9. BE COURTEOUS – it helps.
10. CALL CHG SAFETY DEPARTMENT IMMEDIATELY. 203-494-2132 Joanne or 203-483-1717
11. Contact your supervisor.
12. THIS FORM IS NOT AN ADMISSION OF NEGLIGENCE AND/OR GUILT.
13. Take photos of accident and damage.
14. Take photo of other drivers license.

Drivers/Your Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Vehicle Number/Plate: \_\_\_\_\_

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

Dept/Title: \_\_\_\_\_

**THE ACCIDENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Place: \_\_\_\_\_ City: \_\_\_\_\_

Your speed, MPH: \_\_\_\_\_ Conditions: Wet Dry Rain Snow Dark Traffic

How did the accident happen: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**THE OTHER DRIVER**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ # of persons in other vehicle: \_\_\_\_\_

Statement of other driver: \_\_\_\_\_

\_\_\_\_\_

**THE OTHER VEHICLE**

Owners Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

License #: \_\_\_\_\_ Make of Car: \_\_\_\_\_ Color: \_\_\_\_\_

Describe Damage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Property Damage – other than vehicle:** \_\_\_\_\_

\_\_\_\_\_

Owners Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Injured Persons – For additional injured use separate sheet.**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Taken Where After Accident:** \_\_\_\_\_ **By Whom:** \_\_\_\_\_

**Witness: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Witness: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Police Officers Name:** \_\_\_\_\_ **Badge #** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Draw diagram or accident on reverse side if possible:**

## Motor Vehicle Record Evaluation Program

Cherry Hill Glass has taken the following approach to address the potential for significant losses due to poor employee driving practices and unauthorized operation of company vehicles. We are now utilizing the Violation Point Assessment system to promote better driving and prevent unnecessary losses.

The Violation Point Assessment is a tool that utilizes a point evaluations system whereby points are assessed against a drivers record for citations, violation of company policy, preventable accidents, etc. the goal of drivers who qualify for the assessment is to receive as few points as possible. If the driver accumulates 15 or more points in any twelve consecutive months, he is disqualified from driving for the company.

However, a driver who has accumulated points may also receive credit points for the successful completion of a training class. Points are removed from the drivers record twelve months after being assessed.

Any violations made by the driver, including citations, license suspensions, accidents, roadside inspections, and any others, must be reported to the safety department immediately. Failure by the driver to report such incidents results in immediate disqualification from the company fleet program. If the driver is disqualified, he/he will not be considered for re-qualification for a period of at least twelve months.

Elements requiring immediate disqualification include:

- ✓ Use or possession of illegal drugs
- ✓ Possession of firearms or weapons
- ✓ License suspension or revocation
- ✓ Felony involving the use of a motor vehicle
- ✓ Any disqualification by local, state, or federal regulations
- ✓ Failure to report an accident
- ✓ Under the influence of alcohol or drugs while on duty or driving and within 8 hours of going on duty or driving
- ✓ Transporting an unauthorized passenger
- ✓ Possession of alcohol, illegal, or look alike drugs in the vehicle.

## Point Assessment System

<b>PREVENTABLE ACCIDENTS</b>	
<b>Accident type (#1 is always our driver)</b>	<b>Action/points Assessed</b>
Rear-end (#1 into #2)	12
Right turn	5
Left turn	5
U-turn	5
Backing	4
Jackknife	6
Hit stationary object	5-8
Hit low underpass	10
Sideswipe (passing)	10
Sideswipe (merging)	7
Sideswipe (head-on)	10
#1 improperly parked	3
#2 into rear of #1	5
Roll away	8
Ran off road-conditions	8
Ran off road- fell asleep	10
Part of vehicle/load fell and struck #2	3
Hit parked vehicle	5
Hit movable object or animal	5
Trailer came loose due to driver error	8
#1 forced #2 off road	12
#1 struck pedestrian or bicyclist	12
Intersection #1 broadside #2	10
Intersection #2 broadside #1	5
Trailer door swung out struck #2	3
<b>SPEEDING CONVICTIONS</b>	
<b>Miles Per Hour Over the Posted</b>	<b>Action/Points</b>

<b>Limit</b>	<b>Assessed</b>
1-5	Warning letter
6-8	3
9-11	4
12-14	6
15-17	8
18-19	10
20-21	12
22 and over	15
Three warnings in any 12 consecutive months	3
<b>OTHER TRAFFIC VIOLATIONS</b>	<b>Action/Points assessed</b>
Reckless driving	8
following to close	10
Improper passing	5
Failure to stop (sign or light)	5
Driving to fast for conditions	8
Improper U-turn	5
Failure to report a traffic citation	5
Failure to properly maintain a log	3
Log falsification	5
Driving on an expired license or not in possession of license	5
Driving on an expired physical (where appropriate)	4
<b>OUT OF SERVICE REPORT BY Federal/State agency</b>	<b>Action/Points assessed</b>
First offense 9(when appropriate)	Warning letter
Second plus offenses	3