



# **DIOCESE OF LA CROSSE**

## **VEHICLE SAFETY POLICY**

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The Diocese of La Crosse has taken pride in its safety record. The Vehicle Safety Policy will standardize safety methods and procedures within the parishes and schools throughout the Diocese.

All employees who drive on behalf of our organization should become familiar with this policy.

## VEHICLE SAFETY POLICY

To ensure the safety of our students, employees, and volunteers, the following procedures will be observed in connection with the operation of ANY vehicle used for a diocesan, parish, and/or school activity within the Diocese of La Crosse.

Each diocesan institution, parish, or school shall designate one person to act as a Vehicle Safety Coordinator (VSC) to implement the vehicle safety policy. The duties of the Vehicle Safety Coordinator are to ensure the completion of all paperwork, perform license record checks, and complete necessary inspection of diocesan-owned vehicles required by this policy.

### **I. 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. No driver will be allowed to provide transportation on behalf of any diocesan entity who has had any of the following citations or convictions in the past three 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 State of Wisconsin safety belt laws and regulations.
- F. All operators are required to take the online defensive driving course *Be Smart-Drive Safe* on CMG Connect provided by Catholic Mutual Group.
  - 1. Driver must provide a copy of the certificate of completion with the **Employee Driver Application** or the **Volunteer Driver Form** and the **Private Vehicle Use Application** if applicable.
- G. Cell phones and other handheld electronic devices are not permitted to be used while driving a motor vehicle.

### **II. EMPLOYEE DRIVERS**

- A. The Employee Driver Application (Appendix A) must be completed by all potential employees who are required by their job description or responsibilities to operate a vehicle.
- B. An applicant must include a copy of the Motor Vehicle Record (MVR) for the last three years from each state he/she has obtained a valid driver's license.



### III. VOLUNTEER DRIVERS

- A. Any volunteer who drives on a regular basis for diocesan/parish business should have a MVR check completed.
- B. Any volunteer driver must complete the ***Volunteer Driver Form*** (Appendix B).
- C. Potential drivers should not be utilized if they answered “FALSE” to any of the three questions asked on the ***Volunteer Driver Form***.

### IV. USE OF 11 to 15 PASSENGER VANS/SHUTTLE BUSES

- A. The use of 11 to 15 passenger vans to carry passengers is **strictly** prohibited.
- B. Eleven (including the driver) or more passenger vans shall be replaced with either a school bus or a Multifunction School Activity Bus (MFSAB). A MFSAB is a vehicle which complies with the Federal Motor Vehicle Safety Standards (FMVAA) applicable to school buses for crash survivability.
- C. If a Multifunction School Activity Bus or Shuttle Bus is used for transportation, these vehicles **must** meet Federal Motor Vehicle Safety Standard No. 111 (FMVSS); FMVSS No. 220; FMVSS No. 221; and FMVSS No. 222 (see below). If purchasing a MFSAB or Shuttle Bus for transportation, it is important to confirm with the seller and the Catholic Mutual Risk Management representative that the vehicle meets all four FMVSS. There are vehicles that visually appear to be conforming but are not.
  - 1. **FMVSS 111** – Fulfills the safety requirement for the rear-view and cross-view visibility.
  - 2. **FMVSS 220** – Establishes requirements for the school bus body structure in rollover accidents.
  - 3. **FMVSS 221** – Regulates the strength of body panel joints in school buses.
  - 4. **FMVSS 222** – Establishes occupant protection requirements for school bus passenger seating and barriers.
- D. Vans, Buses, and Shuttle Buses capable of transporting 16 passengers must also comply with the above Federal Motor Vehicle Safety Standards.
- E. Although Multifunction School Activity Buses are preferred, minivans may continue to be used for transportation. A minivan is defined as a passenger vehicle designed to transport no more than 8 total occupants.

### V. USE OF PRIVATE VEHICLES

- A. All privately-owned vehicles used on behalf of a diocesan institution must be insured, have a valid and current registration, license plates and proof of insurance.
- B. The vehicle must be in safe operating condition.
- C. The private 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.
  - 1. Vehicle owner must provide proof of minimum required insurance.
- E. A ***Private Vehicle Use Application*** (appendix C) must be completed for each vehicle.

### VI. DIOCESAN-OWNED VEHICLE MAINTENANCE

- A. Each diocesan institution will adhere 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.



## VII. 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 Chancery.
  - 6. Complete the **Vehicle Accident Report** (Appendix D).

## VIII. RECORD KEEPING

- A. Vehicle maintenance logs and vehicle inspections must be maintained for the duration of ownership of diocesan-owned vehicles.
- B. All diocesan-owned vehicles must carry at all times a current vehicle proof of insurance identification card.
- C. Retention of Forms:
  - 1. *Appendix A: Employee Driver Application*, retain for a minimum of 3 years.
  - 2. *Appendix B: Volunteer Driver Form*, retain for a minimum of 3 years.
  - 3. *Appendix C: Private Vehicle Use Application*, retain for a minimum of 3 years.
  - 4. *Appendix D: Vehicle Accident Report*, retain for 7 years from date of accident.



# EMPLOYEE DRIVER APPLICATION

Church or School Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ ( ) - \_\_\_\_\_  
(Home) (Mobil)

**PREVIOUS ADDRESS** (IF YOU HAVE NOT LIVED AT CURRENT ADDRESS FOR 3 YEARS)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**DRIVER LICENSES**

LICENSE #	STATE	TYPE	EXPIRATION

**DRIVING EXPERIENCE** (Only to be completed if driving a vehicle requiring a CDL)

CLASS OF EQUIPMENT	EMPLOYER NAME	FROM	TO	APPROX. MILES

**ACCIDENT RECORD FOR PAST 3 YEARS**

DATE	NATURE OF ACCIDENT	INJURIES/FATALITIES

**MOVING VIOLATIONS FOR PAST 3 YEARS**

LOCATION (CITY & STATE)	DATE	CHARGE	PENALTY

- |   | Yes   | No    |
|---|-------|-------|
| 1. Have you ever failed or refused a Department of Transportation (DOT) mandated pre-employment test in the past two years? | _____ | _____ |
| 2. Have you ever been denied a license, permit or privilege to operate a motor vehicle?                                     | _____ | _____ |
| 3. Has any license, permit, or privilege ever been suspended, revoked or forfeited? If so please provide date:_____         | _____ | _____ |

**EMPLOYMENT HISTORY**  
(LAST THREE YEARS ONLY)

<b>PREVIOUS EMPLOYER 1:</b> Company:_____ Supervisor:_____		
Address:_____		Phone:_____
City:_____	State:_____	ZIP:_____
Position:_____	From:_____	TO:_____
<b>PREVIOUS EMPLOYER 2:</b> Company:_____ Supervisor:_____		
Address:_____		Phone:_____
City:_____	State:_____	ZIP:_____
Position:_____	From:_____	TO:_____

**PHYSICAL HISTORY**

(PROVIDE ONLY THOSE CONDITIONS THAT AFFECT OR RESTRICT DRIVING STATUS)

List any physical limitations (i.e. eyesight, limb impairment, diabetes, hearing)_____	
_____	
Use corrective lenses? Yes:_____ No:_____	Use Hearing Aid? Yes:_____ No:_____

Is Certificate of Completion for Catholic Mutual Be Smart – Drive Safe attached Yes:\_\_\_\_\_ No:\_\_\_\_\_

**To Be Read and Signed by Applicant**

<i>It is agreed and understood that the employer may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of records or not, and applicant releases all employers and persons named herein from all liability for any damages on account of furnishing such information. This certifies that this application was completed by me, and that all entries are complete to the best of my knowledge.</i>	
Applicant's Signature:_____	Date:_____

# VOLUNTEER DRIVER FORM

Name of Driver: \_\_\_\_\_

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

CITY: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Vehicle information: \_\_\_\_\_  
Year Make Model

Insurance Company's Name \_\_\_\_\_

Liability Limits: \_\_\_\_\_  
(Minimum Limits of \$100,000/\$300,000 Required)

Certificate of Completion for Be Smart – Drive Safe attached Yes: \_\_\_\_\_ No: \_\_\_\_\_

In order to provide for the safety of those we serve, we must ask each volunteer to answer the following questions:

- |  | <u>TRUE</u> | <u>FALSE</u> |
|--|-------------|--------------|
| 1. I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years.            | _____       | _____        |
| 2. I have NOT had two or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years. | _____       | _____        |
| 3. I have no more than three moving violations or accidents in the last three years.   | _____       | _____        |

**Please be aware that as a volunteer driver, your insurance is primary.**

### 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. I agree that I will refrain from using a cell phone or any other handheld electronic device while driving my vehicle.*

\_\_\_\_\_  
Volunteer Driver Signature

\_\_\_\_\_  
Date

Thank you for helping us with our transportation needs.

# PRIVATE VEHICLE USE APPLICATION

## VEHICLE INFORMATION

Vehicle: \_\_\_\_\_

Year

Make

Model

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

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

## OWNER INFORMATION

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

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

CITY: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## INSURANCE INFORMATION

Automobile Insurance Company: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is Proof of minimum required insurance attached? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### **PLEASE BE AWARE:**

IN CASE OF AN ACCIDENT, THE INSURANCE ON THIS VEHICLE WILL BE THE PRIMARY COVERAGE. THE VEHICLE MUST BE INSURED FOR THE MINIMUM LIABILITY LIMITS OF: \$100,000/\$300,000.

IT IS EXPECTED THAT ALL PASSENGERS WILL ADHERE TO STATE SAFETY BELT LAWS AND REGULATIONS. IT IS THE DRIVER'S RESPONSIBILITY TO ENFORCE THIS POLICY.

*This certifies that the information given is true and complete and that to the best of my knowledge the vehicle is currently in a safe operating condition. I understand that 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 to transport other. I agree that I will refrain from using a cell phone or any other handheld electronic device while driving my vehicle.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for helping us with our transportation needs!**



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