



DIOCESE OF LA CROSSE

VEHICLE SAFETY POLICY

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

All individuals who drive on behalf of a diocesan organization, a parish, or a school 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 complete the Driving Administrator Curriculum on CMG Connect, identify drivers operating a motor vehicle on parish/school business, ensure conformance with the Vehicle Safety Policy, verify completion of all paperwork, Coordinate license record checks, and verify minimum insurance requirements.

The Diocese of La Crosse recognizes that there are additional concerns when employees and volunteers are transporting minors related to church/school business. For that reason, please reference the Safe Environment Policy if any person will be transporting minors as part of their duties. Additional responsibilities may apply under that policy.

I. DRIVERS

- A. Drivers must be 21 years of age or older.
 - 1. Parishes or schools requesting leniency from this age requirement may petition the Office of the Vicar General in writing on behalf of a drivers under the age of 21.
 - 1. Drivers granted leniency to the age 21 requirement shall submit to an MVR check before being permitted to drive on church/school business.
 - 2. No driver shall be considered for leniency under the age of 17.
 - 3. Drivers under the age of 21 shall be in good academic standing with a minimum GPA of 3.0
 - 4. Schools seeking leniency for an individual under this exemption shall be approved by the school's principal or school president if driving on school business.
 - 5. It shall be the responsibility of the parish/school Vehicle Safety Coordinator to ensure driving responsibilities are minimized for drivers granted leniency under this exemption.
- B. Drivers must have a valid, non-probationary driver's license, and must not, since the last issuance of their license, have become disabled by any physical or mental 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 drive 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
- E. Parishes or schools requesting leniency for drivers disqualified from driving for violations under Section I (D) may petition the Vehicle Safety Committee in writing through the Office of the Vicar General.
1. The Vehicle Safety Committee shall consist of the following
 1. The Vicar General
 2. Diocesan Finance Officer
 3. Dean of the applicable overseeing Deanery
 4. Diocesan Director of Safe Environment
 5. Catholic Mutual Claims/Risk Manager assigned to the Diocese
 6. The Vicar for Clergy (if a member of the clergy is involved)
 7. Diocesan Superintendent of schools (if a school employee is involved)
- F. It is the responsibility of the driver to ensure that passengers adhere to safety belt laws and regulations in the state or jurisdiction they will be driving.
- G. All operators are required to take the online defensive driving course *Be Smart-Drive Safe* on CMG Connect provided by Catholic Mutual Group.
1. Drivers must provide a copy of the certificate of completion with the ***Employee Driver Application*** or the ***Volunteer Driver Form***.
- H. All drivers are required to follow the Safe Environment Policy if they are transporting minors.
- I. 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 employees who are required to operate a motor vehicle by their job description or if driving is a part of the employee's regular job responsibilities.
- B. Drivers shall not be utilized if they answered "FALSE" to any of the three questions asked in the ***Employee Driver Application***.

III. VOLUNTEER DRIVERS

- A. Volunteer drivers must complete the ***Volunteer Driver Form*** (Appendix B) if the volunteer drives on a regular basis for diocesan/parish business.
- B. Drivers shall not be utilized if they answered "FALSE" to any of the three questions asked on the ***Volunteer Driver Form***.

IV. MOTOR VEHICLE RECORDS (MVR) Checks

- A. A driver who operates a motor vehicle on any public roadway shall submit to an MVR check for the last five years from each state the driver has obtained a valid driver's license if any of the below conditions are true:
 1. Driving is a part of an employee's regular duties.
 2. Driving is a part of an employee's job description.
 3. They are a volunteer who regularly drives on church or school business.
 4. Provided leniency under Section I (A)(1) of this policy.
 5. Provided leniency under Section I (E) of this policy.



- B. The parish/school assigned Vehicle Safety Coordinator shall provide the Employee Driver Application or the Volunteer Driver Applications to the Diocesan Safe Environment Coordinator for processing of MVRs, which shall be completed prior to a driver driving for a parish/school.

V. 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 (FMVSS) 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 do 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.

VI. USE OF PRIVATE VEHICLES

- A. A **Private Vehicle Use Application** (appendix C) must be completed for each vehicle used.
- B. 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.
- C. The minimum liability limits for privately owned vehicles are \$100,000/\$300,000.
 - 1. Vehicle owner must provide proof of minimum required insurance on an annual basis.
- D. The private automobile owner's insurance company will be the primary insurance carrier.
- E. The vehicle must be in safe operating condition.
- F. Private vehicles shall not violate the aforementioned FMVSS.

VII. 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.

VIII. ACCIDENT REPORTING

- A. If an accident occurs while driving on behalf of the institution:
 - 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. Complete the **Vehicle Accident Report** (Appendix D).

IX. RECORD KEEPING

- A. Vehicle maintenance logs 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 7 years following the separation of employment.
 2. *Appendix B: Volunteer Driver Form*, retain for a minimum of 7 years following the separation.
 3. *Appendix C: Private Vehicle Use Application*, retain for a minimum of 7 years following the separation.
 4. *Appendix D: Vehicle Accident Report*, retain for 7 years from date of accident.
 5. **Vehicle Maintenance Log**, retain for the duration the vehicle is owned.
 1. Mechanic/dealership service records may satisfy this retention requirement

X. VEHICLE REMINDERS

- A. A winter storm survival kit is extremely helpful should you become stranded. Consider keeping it in the back seat of your vehicle (in case your trunk jams or is frozen shut). Items to consider include:
 1. Blanket or sleeping bag.
 2. Extra stocking caps, warm socks, gloves/mittens.
 3. Flashlight with extra batteries.
 4. Booster cables.
 5. Windshield brush/scrapper.
 6. Drinking water.
 7. High calorie, non-perishable food (trail mix, energy/protein bars).
 8. Sand or cat litter for traction.
 9. Cellphone adaptor/charger.
 10. Shovel .
- B. A well-maintained vehicle is always important, but especially during harsh winter conditions. Things for vehicle owners to keep in mind:
 1. Keep your fuel tank at least half-full. This will help prevent fuel lines from freezing and provide necessary fuel should you become stranded.
 2. Ensure tires have good traction and are properly inflated.
 3. Ensure that your battery, anti-freeze and cooling systems are in good condition.
 4. Replace worn windshield wipers. Have adequate washer fluid.
 5. Make sure that headlights and other vehicle lights are operating properly.
 6. Before driving, clear snow and ice from your vehicle's windows, front and rear lights, hood and roof.



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 5 YEARS

DATE	NATURE OF ACCIDENT	INJURIES/FATALITIES

MOVING VIOLATIONS FOR PAST 5 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 FIVE YEARS ONLY)

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

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.

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 five 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 five 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: _____