Mississippi Band of Choctaw Indians

RESOLUTION CHO 16-076
Vehicle Safety Policy

Effective January 1, 2017

Mississippi Band of Choctaw Indians Vehicle Safety Policy

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MBCI Drug & Alcohol Policy

DOT Drug & Alcohol Policy

FTA Drug & Alcohol Policy

X. Vehicle Management (page 37-38)

A. Objectives

The objective of this policy is to:

1. Protect Tribal members, Tribal employees, and the public from injury and/or loss of life;
2. Protect the Tribe's property as well as personal and public property;
3. Reduce operating cost through regular vehicle maintenance;
4. Reduce accidents and associated cost through proper driver selection.

Each supervisor/department head will be responsible for reviewing this program as needed with employees who operate tribally owned vehicles as well as employees who operate personal vehicles for tribal business.

Policy violation may result in suspension or loss of driving privileges—depending on severity of the violation.

This policy will be implemented and monitored by the Tribal Safety Officer.
The Tribal Chief will appoint a committee to review accidents and moving violations. This committee will be called the MBCI Vehicle Safety Committee.

B. Driver Selection/Motor Vehicle Reports (MVRs)

All drivers must have a valid driver's license.

Driver Evaluation:

Employees will be evaluated and selected for authorization to drive based on their job requirements and safe driving ability. Employees are evaluated for authorization by the following:

A. Human Resources will conduct the ***pre-employment screening*** of the perspective employee's State Motor Vehicle Record (MVR), tribal traffic violations and/or convictions of driving under the influence in tribal courts. Human Resources will report the status to the appropriate program directors and Risk Management.

B. For ***current*** drivers the Risk Management program will review the employee's Motor Vehicle Record (MVR), tribal traffic violations and/or convictions of driving under the influence in tribal courts annually (or more frequently as records warrant), to evaluate employees as authorized drivers. *(Motor Vehicle Request Authorization Form Appendix A).*

C. The Tribal Safety Officer will provide a ***Driver Authorization Notice*** to Human Resources and the Program for those individuals that meet the requirements for

safe operation of Tribal motor vehicles for personnel files. *(Tribal Risk Management Motor Vehicle Report Appendix B).*

D. Managers and supervisors will ensure their employees are authorized to operate the type of vehicle he/she will drive.

C. Driver Qualifications & Use of Vehicles

Effective driver qualification controls are important elements of a successful motor vehicle safety program. The MBCI Vehicle Safety Policy has incorporated standards into this program, which reflect the skills necessary for satisfactory job performance while taking into consideration applicable Federal and State regulations.

In order to drive a tribal vehicle, you cannot:

1. Have more than 2 moving violations in a 12 month period on your record (normally stays on record for 3 years).
2. Have a DUI on record (normally stays on state record for 5 years)

All Drivers must self-report any traffic violations to the supervisor within 24 hours. Please be aware that motor vehicle violations incurred during non-business (personal) hours will also affect your driving status as well and are subject to review.

The MBCI Vehicle Safety Committee will consider reinstating driving privileges 24 months after a DUI conviction.

(Both Employee and Supervisor must write a letter of necessity to the committee in order to be considered for reinstatement)

After 2 accidents, the MBCI Vehicle Safety Committee will interview the driver and conduct a formal review which could result in suspension or termination of driving privileges, depending on the severity of the accidents.

The MBCI Drug & Alcohol Policies work in coordination with this policy. After an accident, program managers are to enforce the tribal policy regarding driving privileges of the affected driver during the drug and alcohol testing period.

Tribal Vehicles shall be used only for authorized official tribal business.

All applicable provisions of the *MBCI Administrative Personnel Policy & Procedures, MBCI Drug and Alcohol Policy; DOT Drug & Alcohol Policy; FTA Drug & Alcohol Policy shall be adhered to as shall the Revised Financial policies and Revised Procurement Policies.*

Supervisors will ensure that employees' job descriptions reflect the type of vehicle he or she is allowed to operate. Supervisors, with the approval of Tribal Chief will give written

authorization to a driver in limited cases where a driver is allowed to take a vehicle home. The authorization does not extend to family members or for personal use.

D. Accident Investigations

MBCI considers elimination of motor vehicle accidents as a major goal. To meet this objective, all accidents involving tribal vehicles will be reported to Risk Management and the Tribal Safety Officer. The accidents will be further investigated and documented, including but not limited to cellular/mobile phones usage while operating a tribal vehicle (per section L. page 49 APP&P any employee who operates a vehicle while conducting or in furtherance of MBCI business should not use a cellular phone while driving) and reviewed by the MBCI Vehicle Safety Committee.

The MBCI Vehicle Safety Committee will make recommendations after identifying whether there is a need for one or more of the following:

A. Driver training classes;
    a. at the driver's expense; and
    b. driver must provide a proof of attendance or certificate of defensive driving.
B. Suspension of driving privileges;
C. Revocation of driving privileges; and/or
D. Safer route recommendation.

Law Enforcement in the appropriate jurisdiction will investigate all accidents involving tribal vehicles. The Tribal Safety Officer will obtain all reports regarding accidents involving tribal vehicles.

In the event of an accident:

The Driver- must immediately report the incident to law enforcement and supervisor. Begin the process of information gathering quickly and thoroughly at the scene, where feasible. Make photographs of the scene and vehicle(s), if possible.

The Driver's Supervisor- must complete the *(Motor Vehicle Accident Form (Appendix C)* –as soon as possible. Turn in these forms and related documents to the Tribal Safety officer and Risk Management.

The Tribal Safety Officer will serve as Chairperson of the MBCI Vehicle Safety Committee; which shall include committee members from the following programs as appointed by the Tribal Chief:

1. Law Enforcement Officer
2. Attorney General or designee

3. Human Resource
4. Transit
5. Risk Management

E. MBCI Administrative Personnel Policy & Procedures & Revised Financial Policies Applicable

All MBCI personnel and financial policies shall be applicable. Tribal Council Resolution CHO 16-056 and CHO 13-015.

(Appendix A)

Mississippi Band of Choctaw Indians
101 Industrial Road
Choctaw, MS 39350

MOTOR VEHICLE
REQUEST
AUTHORIZATION FORM

_____

Date

I am aware that motor vehicle reports may be obtained as part of MBCI's evaluation of my job application and/or employment. These reports may be procured by MBCI and may include personal information obtained from state motor vehicle departments, my driving record, tribal traffic violations and or convictions of driving under the influence in tribal courts, and any other information contained in such reports.

By signing this form, I hereby provide my authorization for MBCI to procure such reports about me from time to time as deemed appropriate for employment purposes.

I further certify that I have in effect and I will maintain liability coverage equal to or in excess of the minimum limits required in accordance with Mississippi State Law and Miss. Code. Ann. '63-15-43 on any personally owned motor vehicle on a reimbursable basis used for purposes related to my employment with MBCI. I will further agree to notify MBCI in the event my drivers' license is revoked or suspended, or if I fail to have in effect automobile liability insurance as stated above.

_____ _____

Signature Applicant/Employee Location (Program)

_____ _____

Print Name as it appears on Driver's License Job Title

_____ _____

Driver's License Number/State of Issuance Social Security Number

_____

Date of Birth (Month/Day/Year)

(Revised December 2015)

(Appendix B)

TRIBAL RISK MANAGEMENT
PHONE: (601) 650-1579 / FAX: (601) 650-9684
MISSISSIPPI BAND OF CHOCTAW INDIANS
P. O. BOX 6086
CHOCTAW, MS 39350

___ New
___ Revised

MEMORANDUM

TO: _____

_____

FROM: Tribal Risk Management

DATE: _____

RE: **MOTOR VEHICLE REPORT**

In reviewing motor vehicle reports, the following person's driving status for the Mississippi Band of Choctaw Indians is as follows:

Name _____

Status _____ Is currently qualified to operate a Tribal vehicle

_____ Is **NOT** currently qualified to operate a Tribal vehicle

Employee has accrued _____ points.

DL Class _____

If you have any questions on this status, please do not hesitate to contact me at (601) 650-1672.

Olivia Evans
Assistant Director
Tribal Risk Management

I ACKNOWLEDGE RECEIPT OF THIS MEMO AND HAVE ADVISED EACH EMPLOYEE OF THEIR DRIVING STATUS FOR THE MISSISSIPPI BAND OF CHOCTAW INDIANS

_____ _____
Employee Signature Program/Department Director Signature

_____ _____
Date Date

RETURN THIS FORM, ONCE SIGNED, TO OLIVIA EVANS IN THE TRIBAL RISK OFFICE.

"CHOCTAW SELF-DETERMINATION"

(Appendix C)

MISSISSIPPI BAND OF CHOCTAW INDIANS
MOTOR VEHICLE ACCIDENT REPORT

OPERATOR OF VEHICLE

1. NAME	2. TITLE & JOB CLASSIFICATION
3. DEPARTMENT /PROGRAM ACTIVITY	4. ESTABLISHED WORKING HOURS AM PM
5. IMMEDIATE SUPERVISOR	6. SUPERVISOR'S TITLE

OWNER OF VEHICLE

7. DATE AND TIME TRIP BEGAN	8. DATE & TIME OF ACCIDENT
9. VEHICLE INFORMATION (VIN)	(LICENSE NO.)
10. WAS VEHICLE ASSIGNED BY PROPER AUTHORITY? ☐ YES ☐ NO IF " YES" GIVE DETAILS AND LOCATION. IF "NO" WHAT ACTIVITY WAS ASSIGNED THE VEHICLE	11. HOW DID OPERATOR RECEIVE AUTHORITY FOR USE OF VEHICLE? ☐ VERBAL ☐ WRITTEN GIVE DETAILS:

PURPOSE OF TRIP WHEN ACCIDENT OCCURRED

12. ORIGIN	13. DESTINATION
14. PURPOSE OF TRIP	
15. HOW DID OPERATOR RECEIVE AUTHORITY FOR TRIP? ☐ VERBAL ☐ WRITTEN GIVE DETAILS.	16. WAS THERE ANY DEVIATION FROM DIRECT ROUTE? ☐ YES ☐ NO IF "YES" EXPLAIN IN DETAIL.
17. WAS TRIP MADE WITHIN ESTABLISHED WORKING HOURS? ☐ YES ☐ NO IF "NO" EXPLAIN.	18. DID OPERATOR ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THIS TRIP WAS AUTHORIZED? ☐ YES ☐ NO IF "YES", EXPLAIN.

20. PLEASE STATE FULL DETAILS OF THE AUTHORITY FOR THE NATURE OF AND CIRCUMSTANCES SURROUNDING THE TRIP NOT OTHERWISE COVERED ABOVE OR ON THE ACCOMPANYING PS-22.

THE INFORMATION CONTAINED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF OPERATOR	DATE
SIGNATURE OF SUPERVISOR	DATE

I. DESCRIPTION OF VEHICLE ONE:

II. OCCUPANTS OF VEHICLE ONE:

NAME	ADDRESS

III. DESCRIPTION OF VEHICLE TWO:

IV. OCCUPANTS OF VEHICLE TWO:

NAME	ADDRESS

V. LIST ANY/ALL WITNESSES:

NAME	ADDRESS

POLICE OFFICER ON SCENE	BADGE NO.	PRECINCT/DEPT.

VI. ACCIDENT DETAILS

YOUR VEHICLE	OTHER VEHICLE
DIRECTION OF TRAVEL	DIRECTION OF TRAVEL
SIDE OF STREET OR HIGHWAY	SIDE OF STREET OR HIGHWAY
APPROXIMATE SPEED (MILES PER HOUR)	APPROXIMATE SPEED (MILES PER HOUR)
CONDITION OF ROADWAY (WET OR DRY, ICY, ETC)	
WEATHER (CLEAR, FOGGY, RAIN, SNOW, ETC)	TYPE OF ROADWAY (CONCRETE, ASPHALT, DIRT, ETC.)

OTHER INFORMATION (INDICATE STOP SIGNS, TRAFFIC LIGHTS, OBSTRUCTIONS, ETC.)

VII. EVENTS AFTER ACCIDENT

IF MEDICAL AID RENDERED, STATE BY WHOM	WHERE WAS INJURED TRANSPORTED TO
CONDITION OF OTHER DRIVER	

IF OTHER DRIVER OR PERSONS INJURED MADE STATEMENTS AS TO CAUSE OF ACCIDENT AND EXTENT OF PERSONAL OR PROPERTY DAMAGE, RELATE CONVERSATION AND NAMES AND ADDRESSES OF OTHERS HEARING SUCH COMMENTS

NAME	ADDRESS

VIII. OTHER VEHICLE AND PROPERTY
(USE ONLY IF ONE VEHICLE IS INVOLVED)

MAKE	TYPE	YEAR

OPERATOR'S STATE PERMIT NUMBER	VEHICLE LICENSE NUMBER
OPERATED BY	OWNED BY
ADDRESS (HOME)	OWNER'S ADDRESS (BUSINESS)

PARTS OF VEHICLE DAMAGED (DESCRIBE)

OTHER PROPERTY DAMAGE (DESCRIBE)

IX. INDICATE BY DIAGRAM BELOW WHAT HAPPENED:

1. NO. TRIBAL VEHICLE AS 1 - OTHER VEHICLE AS 2 - ADDITIONAL VEHICLE AS 3, AND SHOW DIRECTION OF TRAVEL BY ARROW.

   EXAMPLE → 1 2 ←

2. USE SOLID LINE TO SHOW PATH BEFORE ACCIDENT

   BROKEN LINE AFTER ACCIDENT - - - - - - -

3. SHOW PEDESTRIAN BY →

4. SHOW RAILROAD BY

5. GIVE NAMES OR NUMBERS OF STREETS OR HIGHWAYS

6. INDICATE NORTH BY ARROW IN THIS CIRCLE

OPERATOR'S STATEMENT OF ACCIDENT AND USE OF SAFETY EQUIPMENT

WAS VEHICLE EQUIPPED WITH SEAT BELTS [ ] YES [ ] NO

IF YES, WERE THEY IN USE AT THE TIME OF ACCIDENT [ ] YES [ ] NO

SIGNATURE OF OPERATOR **DATE**

THIS FORM IS TO BE FILLED OUT BY THE TRIBAL GOVERNMENT OPERATOR AT THE TIME AND SCENE OF THE ACCIDENT	OPERATOR'S REPORT OF MOTOR-VEHICLE ACCIDENT

DEPARTMENT OR PROGRAM ACTIVITY

NAME AND LOCATION OF PROGRAM/ACTIVITY ASSIGNED

I. OPERATOR

PLEASE PRINT FULL NAME

TITLE	OPERATOR'S STATE LICENSE NUMBER
HOME ADDRESS (STREET, CITY, STATE)	TELEPHONE (HOME)

II. TIME AND PLACE OF ACCIDENT

DATE & DAY OF WEEK OF ACCIDENT	TIME (A.M. OR P.M.)

PLACE OF ACCIDENT (IF ACCIDENT OCCURRED IN CITY, GIVE CITY AND STATE, IF OUTSIDE OF CITY LIMITS, INDICATE TO NEAREST CITY OR LANDMARK

FROM WHAT PLACE TO WHAT PLACE WERE YOU BOUND?

FOR WHAT PURPOSE?

III. YOUR VEHICLE

YEAR	MAKE	TYPE	REGISTRATION NUMBER OR VIN

PART OF VEHICLE DAMAGED (DESCRIBE)

ESTIMATED AMOUNT OF DAMAGE

IV. OTHER VEHICLE AND PROPERTY

MAKE	TYPE	YEAR

OPERATOR'S STATE LICENSE NUMBER	VEHICLE LICENSE NUMBER
OPERATED BY (NAME)	VEHICLE OWNED BY
OPERATOR'S HOME ADDRESS (STREET, CITY, STATE)	OWNER'S ADDRESS (STREET, CITY, STATE)

PARTS OF VEHICLE DAMAGED (DESCRIBE)

ESTIMATED AMOUNT OF DAMAGE

OTHER VEHICLE OR PROPERTY DAMAGE (DESCRIBE)

I have read and will abide by the conditions as stated in this document regarding the operation of any tribal vehicle for tribal business.

Name (printed) _____

Signature _____Today's Date_____

Witness _____Today's Date_____