

# Fleet Safety Program

protecting employees, passengers, and the public



## KNOX COUNTY TENNESSEE



# KNOX COUNTY FLEET SAFETY PROGRAM

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## **1. PURPOSE AND PRIORITIES**

The purpose of the Knox County Fleet Safety Program is to establish guidelines and procedures to be followed to protect the safety of individuals operating any vehicle on County business.

Priorities include:

- To protect our employee drivers, their passengers, and the general public is the highest priority of the County;
- To minimize the risk of vehicular accidents involving County employees; and
- To establish a program to ensure that vehicles are operated in a safe manner and that properly trained and safe drivers are permitted to drive on County business.

## **2. PROGRAM RESPONSIBILITY AND AUTHORITY**

The Knox County Fleet Safety Program shall apply to all offices and departments of Knox County Government except the Knox County Sheriff's Office and the Knox County School System. The Knox County elected official overseeing the office or department will be responsible for implementation of the Program in their office or department and ensuring that Program requirements are met.

## **3. GLOSSARY OF TERMS**

*Accident:* Any incident involving a vehicle that results in bodily injury or property damage.

*Accident Review Committee:* A committee that meets monthly for the purpose of reviewing accidents involving vehicles. The Committee will determine if the accident was a preventable or non-preventable accident. The employee members will be appointed by Knox County elected officials. Each elected official will appoint one employee to serve on the committee, except for the Mayor who will appoint two employee members.

*At-Risk or High-Risk Driver:* Any driver whose driving history meets the criteria outlined in Section 8 "Identification of At-Risk and High-Risk Drivers".

*County Vehicle:* A motor vehicle owned by or leased to the County, including a temporary replacement vehicle.

*Driver:* Any employee who operates a vehicle on County business.

*Elected Official:* An elected official is a duly elected office holder who oversees a County office or department where employees drive a vehicle on County business.

*Management:* Any elected County official, department director, manager, or supervisor with supervising authority over drivers.

*Motor Vehicle Record (MVR):* A document supplied by the Tennessee Department of Safety that provides information on motor vehicle violations and the license status of a specific driver.

*Non-County Vehicle:* Any motor vehicle used on County business not provided by the County, including privately owned, leased, or rented vehicles. This definition does not include motorcycles.

*Non-Preventable Accident:* Any accident where the driver took every reasonable precaution to prevent the accident.

*Preventable Accident:* Any accident where the driver did not take every reasonable precaution to prevent the accident.

*Program:* Means the “Knox County Fleet Safety Program”.

*Take-Home Vehicle:* Any County vehicle authorized by an elected official to be driven by a driver to and from the driver’s home and the driver’s worksite.

*Vehicle:* A County owned vehicle or any vehicle being operated on County business.

#### **4. PROGRAM RESPONSIBILITIES**

Everyone shares the responsibility to make the County’s Fleet Safety Program a success. To avoid misunderstanding, specific Program responsibilities are outlined as follows:

##### **A. Drivers.**

Drivers are required to:

1. Read, understand and follow the requirements contained in this Program;
2. Participate in County sponsored activities or programs designed to improve driver safety;
3. Maintain a valid Tennessee driver license for the class of vehicle being operated and adhere to the license restrictions;
4. Complete the Knox County Fleet Safety Program Acknowledgment and Addendum #1 Global Position System (GPS) Forms (See Attachment 1).
5. Immediately notify management when: there is any change in their driver license status; or the driver received a law enforcement citation (other than minor parking citations) or has a vehicle-related arrest in any vehicle the driver is operating.
6. Report to management the use of prescription drugs that may affect their driving ability prior to operating a vehicle on County business.
7. Notify management as soon as practical if the driver is involved in a vehicle accident while on County business.

##### **B. Department Directors, Managers and Supervisors (Management).**

Department directors, managers and supervisors (Management) will:

1. Implement the Fleet Safety Program within their respective authority and ensure accountability for Program requirements;

2. Ensure that the Knox County Fleet Safety Program Acknowledgment Form is signed and dated by each driver and forwarded to Risk Management;
3. Management will notify Risk Management of any changes in driver license status and forward a copy of any new driver license to Risk Management.
4. Be responsible for taking appropriate action to manage “At-Risk and High-Risk Drivers” as defined by this Program;
5. Ensure that all drivers participate in County safe driving training programs; and
6. Investigate all accidents and ensure that accident reports are completed as described in Section 9, *Accident Reporting*.

C. Knox County Risk Management.

Knox County Risk Management will:

1. Serve as a technical resource to management ensuring the continuous development and maintenance of the Knox County Fleet Safety Program;
2. Evaluate new drivers authorized to drive vehicles on County business;
3. Evaluate “At-Risk and High-Risk Drivers” and advise management on instituting any additional driving restrictions/limitations;
4. Evaluate and approve driver training courses;
5. Obtain and review Motor Vehicle Reports (MVR) and accident information to ensure that “At-Risk and High-Risk Drivers” are identified and brought to the attention of management;
6. Allocate vehicle accident cost to the respective County department; and
7. Assist in the evaluation of Program effectiveness through loss analysis.

## **5. AUTHORIZATION OF DRIVING PRIVILEGES**

Management will not authorize an employee to drive a vehicle on County business if:

- The driver does not have a valid driver license issued by the state of Tennessee;
- The driver is under the age of 18;
- The driver’s license is suspended or revoked for any reason;
- Risk Management has not reviewed the driver’s MVR; or
- Management knows that the driver is not complying with Program requirements.

## **6. AUTHORIZED VEHICLE USE**

### **A. General Policy.**

Knox County owned vehicle is a tool provided for an employee to aid that employee in the performance of the employee's duties to the citizens of Knox County. As such, County vehicles are to be used exclusively for legitimate County business. Because Knox County owns the vehicle and provides it for the performance of County business, Knox County is empowered to control all aspects of operation to ensure safe, effective, cost efficient and environmentally responsible operations. Personal Use of a County Vehicle.

Personal use of a County vehicle is strictly prohibited, except as described in the take-home vehicle portion of this policy. (See Section 13: Take-Home Vehicles).

### **B. Unauthorized Use of a County Vehicle.**

If a driver allows an unauthorized individual to drive a County vehicle disciplinary action may be taken, up to and including suspension of driving privileges or dismissal from employment.

If the unauthorized use results in an accident, in addition to whatever disciplinary action may be taken, the authorized driver may be required to make restitution for the physical damages to the County vehicle.

### **C. Non-County Owned Vehicles Used for County Business.**

Employees who drive non-county owned vehicles while conducting business for the County are subject to all the requirements of this Program.

Additional responsibilities include:

1. The employee will notify their insurance carrier prior to driving the vehicle on Knox County business; and
2. The employee will maintain at minimum automobile liability insurance that meets Tennessee's financial responsibility law; and
3. The employee will provide Risk Management with proof of insurance card and/or declaration page for every effective coverage date; and
4. Knox County will cover liabilities to third parties and limits to third parties as determined by state law; and
5. Damages to non-county owned vehicles used for County business will be the responsibility of the vehicle owner; consult with your insurance provider to ensure coverage for damage to your vehicle that meets your needs and desires; and
6. The vehicle the employee drives on County business will be maintained in a safe operating condition.

## **7. DRIVER MVR CHECKS**

### **A. Initial MVR Checks.**

## 1. Employee Applicants:

If an employee applicant is to be a driver, management will obtain a completed Driver History Form (See Attachment 2) from the applicant and forward it to Risk Management. Risk Management will use the form to obtain a Tennessee MVR for evaluation. Out-of-state applicants or if you have held a license in any other state during the past 36 months are responsible for obtaining (at the applicant's expense) a certified MVR copy from their state(s) of residence. The MVR must cover at minimum a three (3) year driving period.

Once Risk Management obtains the employee applicant's MVR, an evaluation of it will be completed normally within two business days and management will subsequently be notified of the employee applicant's driver status. If the information on the MVR or Driver History Form indicates that the employee applicant is a "High Risk Driver", management will not hire the employee applicant as a driver.

## 2. Existing Employees:

If an existing employee is changing from a non-driving position to a position requiring driving on County business, the employee must complete and sign the Driver History Form and submit a copy of their Tennessee Driver's License.

Management will forward the form and Tennessee Driver's License to Risk Management so an MVR can be ordered and evaluated prior to granting a change in job status.

## B. Periodic MVR Checks.

Risk Management will obtain MVRs annually for all existing drivers.

In addition, the County maintains the right to conduct periodic and random review of MVRs at its discretion.

## C. Confidentiality of MVRs.

Risk Management and all management will adhere to the privacy protection for MVRs as found in the Tennessee Uniform Motor Vehicle Records Disclosure Act. (TCA § 55-25-101, *et seq.*).



## 8. IDENTIFICATION OF AT-RISK AND HIGH-RISK DRIVERS

### MVR POINT SYSTEM

<b>VIOLATION/ACCIDENT GUIDELINES</b>	<b>POINTS</b>	<b>VIOLATION/ACCIDENT GUIDELINES</b>	<b>POINTS</b>
Warning	1	Reckless driving	8
Operating vehicle while using a mobile phone, texting, or using any other electronic equipment	3	Driving with suspended or revoked license Leaving scene of accident Fleeing officer	10
Most moving violations such as failure to stop at red light, failure to yield right of way, following too closely, etc.	3	Any Alcohol related offense Refusal to submit to a blood alcohol test (BAC) Driving Under the Influence (DUI) Reckless endangerment Any felony related offense.	10
Failure to use restraint systems (wear safety belts)	3	Preventable accidents on private property (backing and parking lot accidents)	2
Speeding:		Preventable accidents on public roadways	3
0 to 10 MPH	2		
11 to 20 MPH	3		
21 to 24 MPH	5		
25-to 29 MPH	7		
30 + MPH	8		

**MVR POINT SYSTEM (cont.)**

<b>PROFILE POINTS/RISK CATEGORY</b>	<b>CORRECTIVE ACTION GUIDELINES</b>	<b>PROFILE POINTS/RISK CATEGORY</b>	<b>CORRECTIVE ACTION GUIDELINES</b>
1 to 3  LOW RISK	Generally, no action necessary.	8 to 9  MEDIUM RISK	<p>Manager to discuss record and improvement with employee.</p> <p>Written warning</p> <p>Driving training – Defensive Driving training courses approved by Tennessee Department of Safety and Homeland Security – Driver to pay training cost.</p> <p>Possible loss of county vehicle to be determined on individual basis.</p> <p>If the employee can no longer perform the essential functions of his or her position, or other job assignments are not an option, termination could result</p>
4 to 5  MINOR RISK	<p>Manager to discuss record and improvement with employee. Employee will be advised of responsibility to drive in a safe and courteous manner in accordance with defensive driving principles.</p> <p>Oral warning.</p>	10 +  HIGH RISK	<p>Manager to advise employee that his or her driving record has resulted in “revoked driving privileges.”</p> <p>If the employee can no longer perform the essential functions of his or her position, or other job assignments are not an option, termination could result.</p>
6 to 7  BORDERLINE RISK	<p>Manager to discuss record and improvement with employee.</p> <p>Written warning.</p> <p>Driving training – Defensive Driving training courses approved by Tennessee Department of Safety and Homeland Security – Driver to pay training cost.</p>		

- A. MVR Point System: The objective of the MVR Point System is to fairly evaluate drivers by identifying “Minor”, “Borderline” and “Medium Risk Drivers”, warning them of their status and coaching for driver improvement. “High Risk Drivers” identified through the MVR Point System will have their driving privileges revoked and will not be allowed to drive on County business.
- B. Violation/Accident Guidelines and Points Columns: The columns are used to assign points to each accident or violation over a three-year period. Points are then totaled to establish the profile points in the Profile Points/Risk Category.  
  
*Example:* If a driver has a violation for talking on the cell phone (3 points) and a violation for speeding 15 miles over the speed limit (3 points), the driver will have 6 total points which would place them in the borderline risk category.
- C. Corrective Action Guidelines: This column provides management with corrective action guidelines for at-risk drivers.
- D. Immediate Suspension of Driving Privileges: If a driver while driving any vehicle is charged by law enforcement with any alcohol related driving offense or any felony driving offense, the driver is immediately suspended from driving a vehicle on County business. The driver’s driving privileges will be re-evaluated after entry of a court judgment.
- E. DUI Conviction Policy: An applicant or employee convicted of a DUI offense will not be allowed to drive a vehicle on County business for five (5) years. After five (5) years Risk Management will review the pertinent records and make a recommendation regarding whether the individual can drive on county business. An applicant or employee who has been convicted of two (2) or more DUIs will not be allowed to drive on County business.

## **9. ACCIDENT REPORTING**

### **A. Accident Reporting.**

1. Supervisor Notification. The driver is required to notify their immediate supervisor of any accident as soon as practical.
2. In addition, management is required to report accidents to Risk Management as soon as practical.
3. The Fleet Service Center Manager will inspect any damaged vehicle and decide if it can be driven before repaired.
4. Non-County Owned Vehicles on County Business. In addition to notifying their supervisor, the driver should notify their personal insurance carrier as soon as is practical.

### **B. Accident Reporting Forms.**

Every vehicle is required to have Accident Reporting Forms in the glove box. (See Attachment 3). These forms should be used by the driver to record accident facts as soon after the accident as is reasonably feasible.

The driver should give the completed Accident Reporting Forms to their immediate supervisor as soon as practical.

Management should forward the completed Accident Reporting Forms to Risk Management as soon as is practical.

C. Accident Investigation.

1. Completing the Supervisor's Accident Investigation Report Form:

The immediate supervisor of the driver is responsible for completing the Supervisor's Accident Investigation Report for all vehicle accidents. (See Attachment 5). To complete the report the supervisor should:

- a. Complete the report as soon after the accident as is reasonably feasible;
- b. Observe the accident scene and damaged vehicle(s);
- c. Take photos of the scene and vehicle(s), if possible;
- d. Obtain a copy of the police report, if available; and
- e. Review the completed Accident Reporting Forms obtained from the driver; and interview the driver.

2. Vehicle Accident Review Committee.

The Vehicle Accident Review Committee will be provided all available accident documents. The Committee, after reviewing all documents and relevant facts which may include interviewing the driver, will determine if the accident was a preventable or non-preventable accident. (See Attachment 6).

## 10. OTHER REPORTING RESPONSIBILITIES OF DRIVERS

A. Supervisor Notification. Drivers are required to notify their supervisor immediately of:

Any illness, injury, physical condition or use of medication that may impair or affect their ability to safely drive a vehicle; or

The suspension, revocation or any new restriction of their driver license. If this occurs, the driver must also immediately discontinue use of the vehicle.

B. Failure to Notify. Failure of a driver to notify their supervisor as required in this section and Section 9 (Accident Reporting) could result in disciplinary action, up to and including dismissal.

## 11. TRAINING

1. All drivers are required to complete initial safe driving training. In addition, other topics and materials will be provided by Risk Management for periodic safe driving training.
2. Risk Management will be responsible for all driver training documentation which will include the course name, date completed, driver's name and department. Management will assist Risk Management in ensuring drivers are in compliance with training requirements.

## 12. SAFETY AND OTHER RULES

### A. Vehicle Safety Belts.

1. The driver and all occupants are required to wear safety belts when operating or riding in a vehicle.
2. The driver is responsible for ensuring that all passengers are wearing safety belts.
3. The driver will refuse to transport anyone who refuses to wear a safety belt.

### B. Impaired Driving.

A driver shall not operate a vehicle at any time when their ability is impaired, affected, or influenced by alcohol, illegal drugs, medication, illness, fatigue or injury.

### C. Tobacco Use in Vehicles.

Use of tobacco products is prohibited in all County vehicles.

### D. Vehicle Condition.

1. Each driver is responsible for ensuring the County vehicle is maintained in a safe driving condition. At least daily, a walk-around safety inspection by the driver is required.
2. Each driver is responsible for ensuring that all preventative maintenance is scheduled and performed as required by Knox County Fleet Service Center. Failure to maintain the vehicle properly may result in suspension of driving privileges and/or disciplinary action taken against the driver.

### E. Traffic Laws.

All drivers are required to abide by all federal, state, and local vehicle laws, regulations, and ordinances.

### F. Use of Cell Phones and Other Electronic Equipment.

The use of handheld cell phones is prohibited while driving. The use of pagers, laptops or any other electronic equipment is prohibited while driving.

### G. GPS.

All County vehicles must be equipped with GPS tracking system through the vendor currently under contract with Knox County.

### H. Additional Driver Rules.

1. All vehicle passengers being transported must be conducting County business. Non-employee passengers who are not receiving County services must sign the Knox County Vehicle Passenger Liability Waiver. (See Attachment 9)
2. Use of a radar detector, laser detector, or similar devices is prohibited in vehicles.
3. Drivers may not transport flammable liquids and gases unless in a DOT or UL approved

container and then only in limited quantities and only when necessary.

4. Drivers should not pull another vehicle or tow a trailer without approval.
5. Removal or disabling of vehicle safety devices is prohibited.
6. Out-of-Town Vehicle Breakdown Policy for Knox County owned vehicles. (See Attachment 7 for procedure to follow).

### 13. TAKE-HOME VEHICLES

#### A. Authority to Approve Take-Home Vehicles.

The elected official overseeing the department will determine employee drivers who will be allowed to take home vehicles.

#### B. Policy Considerations for Approving Take-Home Vehicles.

The purpose of this policy section is to provide direction for the use of County owned vehicles when selected employees are authorized to take home vehicles in order to perform their jobs effectively. **(See Attachment 8 Take Home Vehicle Authorization Form)**

The following policy considerations are to be used by the elected official in determining an employee's approval to take home a vehicle:

1. Officials shall only approve non-emergency take-home vehicles when there is clear and convincing factual evidence, via a written cost analysis, that the benefit of the use of a take-home vehicle serves a public purpose through the efficient delivery of County services;
2. To provide an emergency vehicle with specialized equipment needed to protect life and property;
3. To serve a public purpose by providing an economic benefit to Knox County by allowing employees, by reason of their job, to take home a non-emergency type vehicle when they use a vehicle to perform their job responsibilities and neither report to a set office/work site at the beginning of a day nor return to a set office/work site at the end of a work day and that the benefit of the use of a take-home vehicle serves a public purpose through the more efficient delivery of County services;
4. 24-Hour Assignments: 24-hour assignment criteria include as a condition of employment that the employee is required to regularly respond directly to the scene of emergencies on a 24/7 basis and the vehicle is specially equipped or is used to transport equipment which is too large or heavy or has special features which make it impractical to be transferred between vehicles, between a vehicle and a fixed location, or to a personal vehicle, and the vehicle is rarely driven to a central work site from the employee's home. For purposes of this requirement, special equipment does not include radios, antennas, markings or warning lights; and
5. Take-home vehicles travel outside of Knox County should generally not be authorized.
6. A copy of completed (Attachment 8) Take Home Vehicle Authorization Form must be sent to Risk Management, Fleet Management, and Payroll.

## 14. COMMERCIAL DRIVER LICENSE (CDL)

### A. Tennessee Department of Safety Commercial Driver License (CDL) Requirements.

County drivers who are required by their Job Title to possess a valid CDL must meet all requirements as set forth in the Uniform Classified and Commercial Driver License Act, Tennessee Code Annotated § 55-50-101, *et seq.*

The CDL classification includes Class A, B or C, depending upon the Gross Vehicle Weight Rating (GVWR), Gross Combination Weight Rating, and / or what is being transported. Special endorsements may also be needed, i.e., N, H, X, T, P or S. You must have a CDL to operate:

1. Any single vehicle with a GVWR of 26,001 pounds or more.
2. Any combination vehicle with gross combination weight rating of 26,001 or more pounds, if the trailer(s) has a GVWR of 10,001 or more pounds.
3. Any vehicle designed to transport more than fifteen (15) passengers in addition to the driver or if the vehicle is used as a school bus, regardless of the weight of the vehicle.
4. Any size vehicle which requires hazardous material placards or is carrying material listed as a select agent or toxin in 42 CFR Part 73. Federal regulations through the Department of Homeland Security require a background check and fingerprinting for the Hazardous Materials endorsement.

### B. Federal Alcohol and Drug Testing Requirements for the Tennessee CDL Classification.

*Rule.* The Federal Motor Carrier Safety Administration's alcohol and drug testing rules apply to every person and to all employers of such persons who operate commercial motor vehicle in commerce in any state and is subject to the commercial driver's license requirements of 49 CFR Part 40 and 382.

Tests required:

1. Pre-Employment: This test is required, and negative results must be received before the County will allow a driver to perform a safety sensitive function (drive a County vehicle). The pre-employment test is only required for controlled substances. However, alcohol testing is permitted.
2. Reasonable Suspicion of Drug or Alcohol Use: Whenever management or the Medical Review Officer reasonably suspects that work performance or on-the-job behavior may have been affected in any way by illegal drugs or alcohol or that the driver may have otherwise violated the Knox County Government Drug-Free Workplace Substance Abuse Policy, the driver may be required to submit a breath and/or urine sample for drug and alcohol testing.



3. Random: This unannounced testing is based on a random selection of drivers. The selection must be made by a scientifically valid method and all drivers covered by this rule must have an equal chance of being tested. The names of drivers who are selected for testing must be kept confidential until such time that the County notifies the driver to take the test. Once the driver is notified, the driver must immediately proceed to the testing facility and undergo testing. Every driver's name that is selected for testing must be returned to the selection pool so that all drivers have an equal chance of being selected at any time.
  - a. Alcohol testing: Random alcohol testing is required by the Department of Transportation. However, random alcohol tests can only be administered just prior to a driver performing a safety-sensitive function, or just after performing a safety-sensitive function.
  - b. Controlled substance testing: Random controlled substances tests can be conducted at any time the driver is notified.
4. Post-Accident: This test applies to all CDL drivers who are involved in fatal crashes. The test must also be conducted on all CDL drivers who are cited for moving violations arising in a crash that requires a vehicle being towed or an injury requiring medical attention away from the scene. The alcohol test must be conducted within 8 hours and the controlled substances test must be conducted within 32 hours of the crash.
5. Return-to-Duty: Return-to-duty tests are only required after an employee has completed the "return-to-duty" process and wants to return to work in a safety sensitive function (i.e., driving CMVs). Return-to-duty tests replace the pre-employment test for "positive" tested and "refusal" drivers.
6. Follow-up testing: Follow-up drug and alcohol tests are required as prescribed by the substance abuse professional (SAP) who signs the return-to-duty report. Follow-up tests consists of a minimum of at least six unannounced directly observed tests conducted during the first 12 months following the return-to-duty test.

#### C. Failure of a Driver to Submit to a Required Test.

If a driver who is selected refuses to submit to a test, the driver and the County must follow the requirements of 49 CFR Part 40, and 382.

# **ATTACHMENT 1**

## **KNOX COUNTY FLEET SAFETY PROGRAM ACKNOWLEDGEMENT FORM**

**KNOX COUNTY FLEET SAFETY PROGRAM  
ACKNOWLEDGEMENT FORM**

**All Knox County employees authorized to operate a vehicle must:**

1. Possess and maintain a current Tennessee Driver License for the class of County vehicle operated
2. Read, understand and follow the requirements as set forth in the Knox County Fleet Safety Program
3. Immediately notify management
  - a. if there is any change in your driver license status;
  - b. if you have received a law enforcement citation (other than minor parking citations) or have a vehicle-related arrest in any vehicle you operate
4. Notify management as soon as practical when you are involved in a vehicle accident while on County business
5. Sign the Knox County Fleet Safety Program Acknowledgment Form

By signing this form, you are acknowledging that you have received a copy of the Knox County Fleet Safety Program, and that you have read, understand and will follow the requirements of the Program.

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

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

County Department: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

**ADDENDUM #1**  
**KNOX COUNTY FLEET SAFETY PROGRAM**  
**ACKNOWLEDGEMENT FORM**  
**GLOBAL POSITION SYSTEM (GPS) EQUIPPED VEHICLES**

In addition to conditions 1 – 5 as provided in the Knox County Fleet Safety Program Acknowledgment, the undersigned employee understands and acknowledges that vehicles assigned to them, or which they may be required to operate, are equipped with a global positioning system (GPS) device. Data collected by this device includes, but is not necessarily limited to, information regarding location, speed, and duration of stops.

This data may be used to check for compliance with the Fleet Safety Program, and in the event violations of the program are identified, the data may be used as the basis for disciplinary action.

GPS collected data is public record under the terms of the Tennessee Public Records Act, TCA § 10-7-503, *et seq.* and is subject to inspection by any citizen requesting access.

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

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

County Department: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

# **ATTACHMENT 2**

## **KNOX COUNTY FLEET SAFETY PROGRAM DRIVER HISTORY FORM**

**KNOX COUNTY FLEET SAFETY PROGRAM  
DRIVER HISTORY FORM**

Drivers Name (Print) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Office location: \_\_\_\_\_

1. Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

2. In what state(s) are you a licensed driver? \_\_\_\_\_  
\_\_\_\_\_

3. If you have held a license in any other state during the past 36 months, please provide the following information:

**Dates:**

**State:**

From: \_\_\_\_\_ To \_\_\_\_\_

From: \_\_\_\_\_ To \_\_\_\_\_

4. Have you been convicted of driving while impaired or under the influence of alcohol and or drugs within the past three (3) years? Yes \_\_\_\_\_ No \_\_\_ If Yes, give explanation and date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you refused to submit to a Blood Alcohol content (BAC) test within the past three (3) years? Yes \_\_\_ No \_\_\_ If Yes, give explanation and date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you been convicted of reckless driving or leaving the scene of an accident, or committing a felony involving a vehicle within the past three (3) years? Yes \_\_\_\_\_ No \_\_\_ If Yes, give explanation and date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you had your operator's license suspended, revoked or administratively restricted the past three (3) years? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give explanation and date:

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8. Have you been convicted or found at fault for any non-fatal accident involving a motor vehicle during the past three (3) years? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give explanation and date: \_\_\_\_\_

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9. Have you been convicted of any other moving vehicle violations(s) during the past three (3) years: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give explanation and date:

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I certify that the answers provided to the questions on this are true to the best of my knowledge.

Tennessee Motor Vehicle Records are confidential and are not public record documents. I understand that I do not have to grant Knox County permission to examine my driving record. I authorize Knox County to access my driving record through the Tennessee department of Safety Motor Vehicle Records Division. \_\_\_\_\_ Yes \_\_\_\_\_ No

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Drivers Signature \_\_\_\_\_ Date \_\_\_\_\_

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Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

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Supervisor's Name \_\_\_\_\_ Department \_\_\_\_\_

**Important: Attach a photocopy of both sides of your driver license.**

# **ATTACHMENT 3**

## **KNOX COUNTY FLEET SAFETY PROGRAM ACCIDENT REPORTING FORMS**



**ACCIDENT DATA**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  A.M.  P.M.

ACCIDENT LOCATION: \_\_\_\_\_

LAW ENFORCEMENT:  KCS  KPD  THP

REPORT NUMBER: \_\_\_\_\_

MEDICAL TRANSPORT:  NO  YES, IF YES WHERE: \_\_\_\_\_

DESCRIBE DAMAGE: \_\_\_\_\_

INSURANCE INFORMATION: \_\_\_\_\_

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

**COUNTY VEHICLE**

EMPLOYEE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

TAB #: \_\_\_\_\_ VIN#: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

COMMERICAL MOTOR VEHICLE (CMV)

NO  YES

TOWED:  NO  YES IF YES WHERE: \_\_\_\_\_

INJURIES:  NO  YES IF YES

DESCRIBE: \_\_\_\_\_

MEDICAL TRANSPORT:  NO  YES IF YES

WHERE: \_\_\_\_\_

DESCRIBE DAMAGE: \_\_\_\_\_

**VEHICLE NO. 2**

DRIVER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

LICENSE # & STATE: \_\_\_\_\_

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

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

OWED:  NO  YES IF YES WHERE: \_\_\_\_\_

INJURIES:  NO  YES IF YES DESCRIBE: \_\_\_\_\_

**VEHICLE NO. 3**

DRIVER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

LICENSE # & STATE: \_\_\_\_\_

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

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

TOWED:  NO  YES IF YES WHERE: \_\_\_\_\_

INJURIES:  NO  YES IF YES

DESCRIBE: \_\_\_\_\_

MEDICAL TRANSPORT:  NO  YES IF YES

WHERE: \_\_\_\_\_

DESCRIBE DAMAGE \_\_\_\_\_

INSURANCE INFORMATION: \_\_\_\_\_

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

**ACCIDENT DESCRIPTION**

**EXPLAIN IN YOUR OWN WORDS WHAT HAPPENED.**

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**DRAW A DIAGRAM OF ACCIDENT USING**



**DRIVER'S REPORT AT ACCIDENT SCENE**

- Emergency with injuries call 911**
- Nonemergency call 865-215-2244 and identify yourself as a Knox County Employee, request that an officer investigate the accident**
- Call your Supervisor to report the accident**
- Call Knox County Risk Management at 865-215-2255**
- Discuss the accident only with law enforcement**
- Complete this form, if possible, at the accident scene**
- Complete the witness cards**
- Take photos of vehicles involved in the accident**
- Supervisor must fax all reports to Knox County Risk Management within 24 hours of the accident: FAX: 865-215-2181**

**WITNESS 1**

Did you see the accident?  No  Yes (If yes briefly explain below)

\_\_\_\_\_

Did anyone appear injured?  No  Yes (If yes briefly explain below & which vehicle)

\_\_\_\_\_

\_\_\_\_\_

Were you riding in a vehicle involved?  No  Yes (If yes briefly explain below & which vehicle)

\_\_\_\_\_

\_\_\_\_\_

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

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

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

**WITNESS 2**

Did you see the accident?  No  Yes (If yes briefly explain below)

\_\_\_\_\_

Did anyone appear injured?  No  Yes (If yes briefly explain below & which vehicle)

\_\_\_\_\_

\_\_\_\_\_

Were you riding in a vehicle involved?  No  Yes (If yes briefly explain below & which vehicle)

\_\_\_\_\_

\_\_\_\_\_

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

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

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

**WITNESS 3**

Did you see the accident?  No  Yes (If yes briefly explain below)

\_\_\_\_\_

Did anyone appear injured?  No  Yes (If yes briefly explain below & which vehicle)

\_\_\_\_\_

\_\_\_\_\_

Were you riding in a vehicle involved?  No  Yes (If yes briefly explain below & which vehicle)

\_\_\_\_\_

\_\_\_\_\_

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

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

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

**WITNESS 4**

Did you see the accident?  No  Yes (If yes briefly explain below)

\_\_\_\_\_

Did anyone appear injured?  No  Yes (If yes briefly explain below & which vehicle)

\_\_\_\_\_

\_\_\_\_\_

Were you riding in a vehicle involved?  No  Yes (If yes briefly explain below & which vehicle)

\_\_\_\_\_

\_\_\_\_\_

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

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

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

# **ATTACHMENT 4**

## **KNOX COUNTY FLEET SAFETY PROGRAM PROOF OF INSURANCE**

**KNOX COUNTY FLEET SAFETY PROGRAM PROOF OF  
INSURANCE  
(PROVIDED UPON REQUEST OF LAW ENFORCEMENT)**

To Whom It May Concern:

This letter is to confirm that Knox County Government is subject to the limits of the  
“Tennessee Governmental Tort Liability Act”, T.C.A. § 29-20-101, *et seq.*

Knox County has elected to be self-insured for liability coverage under this Act. If any other  
information is required, please call 865-215-2255.

Knox County Risk Management

# **ATTACHMENT 5**

## **KNOX COUNTY FLEET SAFETY PROGRAM SUPERVISOR'S ACCIDENT INVESTIGATION REPORT**

**KNOX COUNTY FLEET SAFETY PROGRAM  
SUPERVISOR'S ACCIDENT INVESTIGATION REPORT**  
(Please Print – Use back of form as needed for additional information)

**Driver's Name:** \_\_\_\_\_ **Accident Date:** \_\_\_\_\_

**Safety Belts Used:**    **Driver** \_\_\_\_\_ Yes    \_\_\_\_\_ No                      **Passengers:**    \_\_\_\_\_ Yes    \_\_\_\_\_ No

**Did you:**

- View accident scene?                      \_\_\_\_\_ Yes    \_\_\_\_\_ No
- Observe damaged vehicles?              \_\_\_\_\_ Yes    \_\_\_\_\_ No
- Take photos?                                  \_\_\_\_\_ Yes    \_\_\_\_\_ No
- Review the driver's accident report?      \_\_\_\_\_ Yes    \_\_\_\_\_ No
- Obtain a copy of police report?           \_\_\_\_\_ Yes    \_\_\_\_\_ No
- Interview Driver?                              \_\_\_\_\_ Yes    \_\_\_\_\_ No

**Check items that apply:**

- |                                    |   |
|------------------------------------|---|
| _____ Backing                      | _____ Failure to maintain vehicle                       |
| _____ Following distance           | _____ Driving in wrong lane                             |
| _____ Misjudging clearance         | _____ Starting and stopping                             |
| _____ Failure to signal intentions | _____ Hit while legally parked                          |
| _____ Assuming right of way        | _____ Turning   |
| _____ Hit by another car           | _____ Vandalism   |
| _____ Hit in rear                  | _____ Stolen while locked                               |
| _____ Parking                      | _____ Speed to fast for condition                       |
| _____ Struck by debris             | _____ Driving under influence of drugs and / or alcohol |
| _____ Fire                         | _____ Disregard traffic signals or directions           |
| _____ Passing                      | _____ While being towed by tow truck                    |
| _____ Diverted attention           | _____ Other   |

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Routing:**                      \_\_\_\_\_ Risk Management  
   \_\_\_\_\_ Vehicle Accident Review Committee

**Attachments;**                \_\_\_\_\_ Police Report  
   \_\_\_\_\_ Accident Report  
   \_\_\_\_\_ Photos

# **ATTACHMENT 6**

## **KNOX COUNTY FLEET SAFETY PROGRAM NON-PREVENTABLE / PREVENTABLE ACCIDENT GUIDELINES**



## KNOX COUNTY FLEET SAFETY PROGRAM NON-PREVENTABLE / REEVENTABLE ACCIDENT GUIDELINES

The Vehicle Accident Review Committee will use the following guidelines (which are consistent with National Safety Council rulings) for the purpose of determining accident preventability.

1. **General guidelines** – Barring extenuating circumstances and maintaining the reasonable action standards, accidents are generally preventable if:
  - A. Driver was inattentive or failed to accurately observe and assess existing conditions that contributed to an accident.
  - B. Driver's speed was not consistent with posted (prescribed) limits or existing road, weather, or traffic conditions.
  - C. Driver's speed precluded stopping within available clearances or assured clear distance.
  - D. Driver misjudged (or did not confirm) available clearances (above, below, or on the sides) resulting in the striking of a fixed object.
  - E. Driver failed to control the vehicle.
  - F. Driver failed to yield the right of way resulting in an accident (or to avoid an accident).
  - G. Driver failed to communicate the vehicle's presence or intended actions through the use of directional lights (signal flashers), horn, or other means.
  - H. Driver was in violation of company operating rules or special instructions, the regulations of any federal or state regulatory agency, or any applicable traffic law or ordinance.
2. **Struck in rear by other vehicle** – non-preventable if:
  - A. Driver's vehicle was legally and properly parked, unless there were extenuating circumstances recognizable to the alert driver whose judgment should suggest "park elsewhere."
  - B. Driver was proceeding in his or her own lane of traffic at a safe and lawful speed.
  - C. Driver was stopped in traffic due to existing conditions or was stopped in compliance with a traffic sign or signal, or the directions of a police officer or other person legitimately controlling traffic.
  - D. Driver was in the proper lane, waiting to make a turn, and was flashing a signal indicating his or her intention to turn.Preventable if:
  - E. Driver was passing slower traffic near an intersection and had to make a sudden stop.
  - F. Driver made a sudden stop to park, load, or unload.
  - G. Driver was improperly or illegally parked.
  - H. Driver made any other type of unnecessary sudden stop.
  - I. Driver's vehicle rolled back into vehicle immediately behind while starting on a grade.
3. **Struck while parked** – non-preventable if:
  - A. Driver was properly parked in an area where permitted, unless there were extenuating circumstances recognizable to the alert driver, whose judgment should suggest "park elsewhere," or there was off-the-road parking available.
  - B. Vehicle was protected by emergency warning devices as required by DOT and state regulations, or if driver was in the process of setting or retrieving signals. The use of 4-way flashers as emergency warning lights under DOT regulations meets this provision for only the first 10 minutes.

4. **Mechanical defect or breakdown accidents** – Preventable if:
  - A. Defect was of a type which the driver should have detected during a proper pre-trip inspection of vehicle.
  - B. Defect was of a type that the driver should have detected during the normal operation of the vehicle.
  - C. Defect was caused by the driver's abusive operation of the vehicle.
  - D. Defect was known to the driver but was operated regardless of this knowledge.
5. **Sideswipe or head-on collisions** – Preventable if:
  - A. Driver was not entirely in the proper lane of travel.
  - B. Driver did not pull to the right or left, slow down, and/or stop for the encroaching vehicle when such action could have been taken without additional danger and to prevent a collision.
  - C. Driver changed lanes without ascertaining that sufficient space was available or failed to signal intent, or give sufficient warning of intent, to change lane.
  - D. Driver was weaving to the right or left, thus crowding the passing vehicle.
6. **Striking other vehicle in rear collisions** – non-preventable if:
  - A. Other vehicle rolled backward while starting on grade.
  - B. Driver's vehicle was stopped but was hit from behind and pushed into other vehicle.Preventable if:
  - C. Driver failed to maintain safe following distance and have the vehicle under control.
  - D. Driver failed to stay alert and ascertain that traffic was slowing down or that vehicle ahead was moving slowly, stopped, or slowing down.
  - E. Driver misjudged rate of overtaking vehicle.
  - F. Driver came too close before pulling out to pass.
  - G. Driver started up too soon or too fast for vehicle ahead.
  - H. Driver failed to leave sufficient room for passing vehicle to get safely back in line.
  - I. Driver was passing and misjudged approaching traffic and returned to right lane too fast.
7. **Accidents at intersection** – non-preventable if:
  - A. Driver was stopped in compliance with traffic sign or signal or at the direction of a police officer or other person legitimately controlling traffic.Preventable if:
  - B. Driver failed to control speed so that the vehicle could stop within available sight distance.
  - C. Driver failed to check cross-traffic and wait for it to clear before entering intersection.
  - D. Driver pulled out in the face of oncoming traffic.
  - E. Driver collided with person, vehicle, or object while making a right or left turn.
  - F. Driver collided with vehicle making a turn in front of him or her.
  - G. Driver had collision with vehicle coming from either side, regardless of location of traffic signs or signals or whether light was green.

8. **Backing accidents** – Preventable if:
  - A. Driver backed up when backing could have been avoided by better route planning.
  - B. Driver backed into traffic stream when such backing could have been avoided.
  - C. Driver failed to get out of the cab and check the immediate situation and proposed path of backward travel.
  - D. Driver depended solely on mirrors when it was practicable to look back.
  - E. Driver failed to get out of the cab periodically and recheck conditions when backing a long distance.
  - F. Driver failed to check behind vehicle parked at curb before attempting to leave parking space.
  - G. Driver backed from blind side when a sight-side approach could have been made.
  - H. Driver failed to use a guide (spotter) to help back or depended solely on a guide.
  - I. Driver relinquished all responsibility to guide.
9. **Accidents while passing or being passed** – Preventable if:
  - A. Driver passed where view of road ahead was obstructed by hill, curve, vegetation, traffic, adverse weather conditions, etc.
  - B. Driver attempted to pass in the face of closely approaching traffic.
  - C. Driver failed to warn driver of vehicle being passed.
  - D. Driver failed to signal change of lanes.
  - E. Driver pulled out in front of other traffic overtaking from rear.
  - F. Driver cut in too short while returning to right lane.
  - G. Driver failed to stay in own lane of traffic.
  - H. Driver failed to hold speed or reduce speed to permit other vehicle to pass safely.
10. **Accidents while entering traffic (merging)** – Preventable if:
  - A. Driver failed to signal when pulling out from curb.
  - B. Driver failed to check traffic before pulling out from curb.
  - C. Driver failed to look back to check traffic if he or she was in position where mirrors did not show traffic conditions.
  - D. Driver attempted to pull out in a manner that forced other vehicle(s) to change speed or direction.
  - E. Driver failed to make full stop before entering from side street, alley, or driveway.
  - F. Driver failed to make full stop before crossing sidewalk.
  - G. Driver failed to yield right-of-way to approaching traffic.
11. **Accidents involving pedestrians and bicycles** – non-preventable if:
  - A. Pedestrian or bicycle driver collided with driver's vehicle while it was legally parked or stopped.
 Preventable if:
  - B. Driver did not reduce speed in area of heavy pedestrian traffic.
  - C. Driver was not prepared to stop.
  - D. Driver failed to yield right-of-way to pedestrian.
  - E. Driver failed to stop when passing a streetcar or bus on the right.
12. **Accidents involving rail operated vehicles (railroad crossings)** – Preventable if:
  - A. Driver attempted to cross tracks directly ahead of train or streetcar.
  - B. Driver ran into side of train or streetcar.
  - C. Driver stopped or parked on or too close to tracks.
  - D. Driver failed to yield right-of-way to trolley.
  - E. Driver failed to stop at the railroad crossing.

13. **Miscellaneous accidents** – Preventable if:

- A. Driver was making a "U" turn.
- B. Driver was pulling away from the curb or other parking space.
- C. Driver was entering traffic from a driveway, or private alley.
- D. Driver was giving a push or was being pushed.
- E. Vehicle moved due to faulty brakes.
- F. Driver left vehicle unattended (with or without motor running) and failed to set parking brake and wheel chocks.
- G. Collision with fixed objects — poles gates, light stanchions, etc.
- H. Non-collision accidents, such as an overturn, or running off road.
- I. Skidding accidents in which the company's vehicle is damaged because it jackknifes.
- J. Vehicle was moved while connected to stationary equipment.

Non-Preventable if:

- K. Conditions or circumstances deem non-preventable by the Vehicle Accident Review Committee

# **ATTACHMENT 7**

## **KNOX COUNTY FLEET SAFETY PROGRAM OUT-OF-TOWN BEAKDOWN POLICY**

## **KNOX COUNTY FLEET SAFETY PROGRAM**

### **OUT OF TOWN VEHICLE BREAKDOWN**

In the event you are traveling in a Knox County Government owned vehicle outside of Knox County and the vehicle becomes inoperable, the following steps must be followed to obtain repairs and get the vehicle back in operation. The Knox County Fleet Service Center will be responsible for coordinating, approving and processing payment for services.

If possible, please contact the Knox County Fleet Service Center in advance to let us know your travel plans. This will assist us in planning for any issues. Any overnight stay required due to a vehicle breakdown must be approved and coordinated by your department.

If your vehicle breaks down outside of Knox County:

1. Contact your supervisor immediately.
2. During regular business days and hours (Monday – Friday 7:30 am – 4:30 pm) Call 865-215-5870 to report a problem. After hours and on weekends call 865-215-5863 to report a problem.
3. When calling to report a breakdown, please provide the following information:
  - i. Your Name
  - ii. Your Phone Number
  - iii. Your Department
  - iv. Your Location
  - v. Nature of problem
4. If after hours, someone from the Knox County Fleet Service Center will call you back in order to resolve your issue.
5. Upon completion of the repair, The Knox County Fleet Service Center will make arrangements to pay for the repairs. These charges will be charged back to your department during the normal billing cycle.
6. Upon your return, you will need to turn in any invoices and or documentation into the Knox County Fleet Service Center.

# **ATTACHMENT 8**

## **KNOX COUNTY FLEET SAFETY PROGRAM TAKE HOME VEHICLE AUTHORIZATION FORM**

**KNOX COUNTY FLEET SAFETY PROGRAM  
TAKE HOME VEHICLE AUTHORIZATION FORM**

Department Name: \_\_\_\_\_ Division: \_\_\_\_\_

Tab Number: \_\_\_\_\_ Vehicle Type: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

Employee Primary Work Location: \_\_\_\_\_

Employee Home Address: \_\_\_\_\_

**JUSTIFICATION  
(Page 14 Section B)**

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

**Elected Official Authority Authorization**

I hereby authorize \_\_\_\_\_ to  
take a County vehicle home beginning \_\_\_\_\_ in  
accordance with the guidelines in the County's Fleet Safety Program.

The above-named employee is authorized to operate a county vehicle in the service of Knox  
County.

Elected Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Revocation of Authorization to Take Home a County Vehicle:**

I \_\_\_\_\_, Elected Official, hereby revoke the authorization of  
\_\_\_\_\_, to take home a County vehicle. This revocation  
is effective \_\_\_\_\_

Elected Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Copy of completed form must be sent to Risk Management, Fleet Management and Payroll**



# **ATTACHMENT 9**

## **KNOX COUNTY FLEET SAFETY PROGRAM PASSENGER LIABILITY WAIVER FORM**

**KNOX COUNTY FLEET SAFETY PROGRAM  
PASSENGER LIABILITY WAIVER FORM**

In consideration of being permitted to be a passenger in a vehicle owned/leased by Knox County and operated by a Knox County agent or employee, I hereby knowingly and intelligently and without reservation assume all risk of personal injury or death and property damage or loss from whatever causes arising while I am a passenger in such vehicle. This includes personal injuries, death, or other damage arising while I am on the property of Knox County in preparation for or anticipation of riding in said vehicle as well as causes arising while I am approaching, entering, riding in, disembarking from, leaving, or being about any Knox County vehicle. I knowingly and intelligently and without reservation release Knox County, its officers, employees, agents, and servants from any liability resulting from the aforementioned activities in any way.

As further consideration of being permitted to be a passenger in a vehicle owned/leased by Knox County and operated by a Knox County agent or employee, I will indemnify and hold harmless Knox County, its officers, employees, agents, and servants for personal injury or death and property damage or loss to others for which my actions were a proximate cause while I am a passenger in said vehicle. I knowingly and intelligently assume all responsibility and liability for my own actions while I am a passenger in a vehicle owned/leased by Knox County and operated by a Knox County agent or employee.

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Print Name of Passenger

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Signature of Passenger

Date

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Signature of County Driver

Date

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Department