



CALIFORNIA STATE UNIVERSITY
Stanislaus
ENGAGING · EMPOWERING · TRANSFORMING

Defensive Driver Program

*Subsection of the Injury and Illness Prevention Program
Per California State University Use of University and Private Vehicles Guidelines
Per California State University Administrative Manual (ICSUAM) 3601.01 Travel Policy*

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PLAN REVIEW

This sheet should be completed each time the Defensive Driver Program is reviewed and/or modified. The Director for Safety & Risk Management is responsible to review and update this program annually or more frequently as needed per California State University Use of University and Private Vehicles Guidelines.

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1. Corrected grammatical mistakes	
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1.0 REGULATORY AUTHORITY

This program aligns with policies and procedures of the California State University Use of University and Private Vehicles Guidelines document and state employee travel requirements as described in the ICSUAM 3601.01 Travel Policy.

2.0 ADMINISTERING AGENCY

California State University Stanislaus and the Department of Safety & Risk Management.

3.0 SCOPE

This program only applies to University employees, enrolled students and official volunteers age 18 and over (age 21 and over for rental vehicles) and who meet the following criteria, may drive for University business:

- Valid California State Driver's License
- Good driving record
- Insurance
- Completed Defensive Driver Training

University employees are those persons who have completed all prerequisites for Stanislaus State employment. This includes all faculty, staff, student assistants, and those on volunteer status.

4.0 POLICY

Under this program the University is to establish rules and regulations on driving privileges for university employees, students, and volunteers using state vehicles (including carts, tractors, etc.), personal vehicle, or rental vehicle for University business purposes.

5.0 PURPOSE

Defensive driving utilizes safe driving strategies to enable motorists to address identified hazards in a predictable manner. These strategies help employees, students or volunteers learn to improve upon their driving skills in order to reduce their driving risks by anticipating situations and making safe well-informed decisions.

6.0 RESPONSIBILITIES

6.1 Safety & Risk Management (S&RM)

- a. Develop and administer the Defensive Driver Program.
- b. Coordinate the program with departments and their employees.
- c. Ensure the validity and status of individual driver's licenses.
- d. Place all drivers in the Department of Motor Vehicles (DMV) Employer Pull Notice (EPN) Program to monitor driving records.
- e. Coordinates Defensive Driver Training (DDT) online accessibility and maintains records of drivers who complete DDT.
- f. Provides consultation regarding vehicle-use policy, insurance and accident issues.
- g. Review and update this policy as needed.

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6.2 Departments

- a. Authorize travel.
- b. Assure compliance with state driver requirements as described in this program.
- c. Verify the Form STD.261, *Authorization to use Privately Owned Vehicles on State Business* (Appendix A) is current and on file.

6.3 Drivers

- a. Complete travel request and obtain authorizations prior to trip in a timely manner.
- b. Complete the Form STD.261, *Authorization to use Privately Owned Vehicles on State Business* (Appendix A).
- c. Comply with driver clearance requirements (DDT, DMV check, personal vehicle use insurance, etc.)
- d. Must abide by all University rules and regulations.
- e. Must immediately report all accidents to their Supervisor and the S&RM Director.

7.0 UNIVERSITY OWNED VEHICLES

- a. University vehicles are vehicles designed for land transportation and are owned, leased or rented by Stanislaus State. University vehicles include all motorized or self-propelled equipment including lawn mowers, golf carts, etc.
- b. Motorcycles do not qualify for use as University vehicles, except for motorcycles used by the University Police Department for law enforcement purposes and approved by the University President.
- c. The University vehicle fleet manager oversees the approval for use, assignment and release of University vehicles.
- d. The use of cell phones is not allowed while driving.
- e. No smoking is allowed in University vehicles.
- f. No animals, except seeing-eye dogs, are allowed in University vehicles.
- g. Use of 10-passenger vans requires a Class B Driver's license with a passenger endorsement before employees will be allowed to operate them. This clearance is obtained from the DMV.

8.0 PRIVATELY OWNED VEHICLES – AUTHORIZATION TO USE FOR UNIVERSITY BUSINESS

A completed Form STD.261, *Authorization to use Privately Owned Vehicles on State Business* (Appendix A) is required when the employee is using his/her private vehicle on University business. Form STD.261 is the vehicle owner's statement that the vehicle used will always be:

- a. Covered by liability insurance in at least the following amounts:
 - \$15,000 for personal injury to, or death of, one person
 - \$30,000 for personal injury to two or more person in one accident
 - \$5,000 for property damage

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- b. Adequate for the work to be performed.
- c. Equipped with safety belts in operating condition.
- d. In safe mechanical condition as required by law.
- e. Form STD.261 (Appendix A) will be valid for a period not to exceed one (1) year. Once completed, the form may be signed and dated annually by the employee to certify that the information is current. This document is retained on file by the department.
 - When there is a change in department or supervisor, a new Form STD.261 must be completed.

Note: The vehicle owner's liability insurance is primary, the state's insurance is secondary.

9.0 USE OF RENTAL VEHICLES

- a. University employees may rent a vehicle under the CSU's car rental agreement negotiated by the CSU.
- b. Rental car drivers for University business, must comply with all Defensive Driver requirements, and **must be 21 years of age and older.**
- c. Rentals must be covered by the insurance policy provided by the car rental agency as a provision of the CSU contract.
- d. Employees who are in an accident while driving a CSU contracted rental car must complete the Form STD.270, *Vehicle Accident Report* (Appendix B) and Form STD.274, *State Driver Accident Review* (Appendix C); in addition to the rental agency accident reporting requirements.
- e. 15-passenger van prohibition: Vans that carry 15 passengers may not be used, rented, purchased, or leased by the University.

10.0 REPORTING ACCIDENTS

10.1 Drivers

- a. At the accident scene, drivers should not admit fault or make any promises that the state will pay for any damages. Drivers should use the [Form STD.269 Vehicle Accident ID Card](#) (Appendix D) to write down as much information as possible. Tear off the part about the state insurance contact and give it to the other driver.
- b. The University driver must report the accident immediately to their supervisor and the S&RM Director.
 - 1. If the accident happened on-campus:
 - The driver should call the University Police Department (UPD) at 209-667-3114, who will investigate the scene, take photos, and complete a [Form STD.270, Vehicle Accident Report](#) (Appendix B).
 - Driver reviews and signs the completed [Form STD.270, Vehicle Accident Report](#) (Appendix B) within 24 hours following the accident, and submits it to their supervisor who will make copies and submit to S&RM.
 - 2. If the accident happened off-campus, the driver must complete the [Form Std.270, Vehicle Accident Report](#) within 48 hours following the accident and submit it to the S&RM.
 - 3. If the accident happened in a Rental Vehicle: Drivers must report the loss immediately to the rental car agency. The contact information should be located on the rental agreement. Refer the rental agency to the State Office of Risk and Insurance Management (ORIM) to expedite the claim.
- c. If the University driver is contacted by the other driver, their insurance company or their attorney:

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- The caller must be referred to the ORIM claims adjuster (916-376-5302 or 1-800-900-3634) to expedite the handling of their claim.
- Their insurance company may elect to repair the damage and then can press their claim against the State ORIM (generally faster than making a claim vs. the state directly).
- If the vehicle is drivable, then the claimant may elect to gather two repair estimates and give them to S&RM who will forward them to ORIM with the other report documents.
- d. If the University driver has been served with a Small Claims Court summons and complaint:
 - The driver will have to appear as ordered. S&RM, ORIM or CSU General Counsel cannot appear either with the driver or on the driver's behalf in Small Claims Court.
 - Notify your supervisor.
- e. If the University driver has been served with a Municipal or Superior Court summons and complaint
 - The driver must call the S&RM Director (who will notify Campus Counsel and ORIM) to obtain instructions on how to obtain defense counsel. An answer must be filed within 30 days of service to avoid a default judgment.
- f. If the accident has attracted media attention, refer them to the University Communications Public Information Officer in the University Advancement and Communications department.

10.2 Supervisors

- a. Review and co-sign the [Form STD.270, Vehicle Accident Report](#) (Appendix B) to attest to the fact that the employee was on official University business.
- b. Complete the [Form STD.274, Supervisor's Review Vehicle Accident](#) (Appendix C) and forward it to S&RM.
- c. If there are injuries, the supervisor must complete the Supervisor Report of Injury immediately, including Workers' Compensation Claim procedures.
- d. If the University driver has been served with a Small Claims Court summons and complaint and once the driver has notified the supervisor: Notify S&RM.
- e. If the accident has attracted media attention, refer them to University Communications Public Information Officer in the University Advancement and Communications department.

10.3 Safety & Risk Management

- a. S&RM will obtain any additional accident reports filed by the UPD, local police, or the California Highway Patrol.
- b. S&RM will send the Form STD.270, Form STD.274 and other accident reports, if applicable, to the **ORIM Claim Handling Contact**. Send initial claim info to: Claims@dgs.ca.gov or call 916-376-5300.
 - When non-state vehicles are involved, the ORIM will open a claim and investigate to determine fault and handle liability claims using state insurance. The ORIM will follow up with the claimant directly.

11.0 DMV EMPLOYER PULL NOTICE PROGRAM

Every employee and volunteer are added by S&RM to the DMV Employer Pull Notice (EPN) Program that provides notification of any change in license status or offenses. When an employee has been involved in accidents or received traffic citations of such numbers or gravity as to be a matter of concern, permission to drive University vehicles or drive on university business may be restricted or revoked.

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12.0 DEFENSIVE DRIVER COURSE

12.1 Drivers employed by the University will need to register for Defensive Driver through the [Defensive Driver](#) website.

- a. Drivers must have a valid California driver's license to verify with the DMV that the driver has a clear driving record.
 1. Drivers who do not have a valid California driver's license are required by the DMV to apply for a California driver's license within 10 days of becoming a resident.
 - Residency is established in a variety of ways, including the following:
 - Being registered to vote in California elections.
 - Paying resident tuition at a California college or university.
 - Filing for a homeowner's property tax exemption.
 - Receiving any other privilege or benefit not ordinarily extended to nonresidents.
 2. Drivers with a current out of state license will need to provide a photo copy of their license to S&RM in order to add them to the DMV EPN.
- b. Drivers needing to operate small vehicles on campus should designate this on the registration form by selecting the appropriate box (Please refer to the Small Vehicle Safety Program for further responsibilities).
- c. Upon DMV clearance, the driver will be assigned the *Driving Safely, Driving Smarter* online CSU Learn course.
 - Drivers needing the small vehicle safety course will also be required to take the *CSU Powered Cart Safety* online course.
- d. Drivers should complete the course(s) within 30 days.

12.2 Drivers not employed by the University but working on behalf of the University in a Volunteer capacity:

- a. Must register for Defensive Driver through the [Defensive Driver](#) website.
- b. Must take the [Department of General Services \(DGS\)](#) online course and send their certificate of completion to S&RM at risk@csustan.edu.
 - Important note: This is a 2.5-hour course and must be completed in its entirety. The certificate of completion is S&RM's only way of knowing that the course is complete.

12.3 After fulfilling all the requirements, a driver will be cleared to drive and placed on the Defensive Driver Log located at <https://www.csustan.edu/safety-risk-management/health-and-safety/driving-university-business>.

12.4 The online course must be renewed every four years as stated in the California State University [Use of University & Private Vehicle Guidelines](#).

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Appendices

Appendix A: Form STD.261 Authorization to Use Privately Owned Vehicles on State Business

Appendix B: Form STD.270 Vehicle Accident Report

Appendix C: Form STD.274 State Driver Accident Review

Appendix D: Form STD.269 Vehicle Accident ID Card


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Appendix A: Form STD.261 Authorization to Use Privately Owned Vehicles on State Business

STATE OF CALIFORNIA AUTHORIZATION TO USE PRIVATELY OWNED VEHICLES ON STATE BUSINESS STD. 261 (REV. 3-95)	Print	Clear	
<i>This approval must be renewed annually.</i> Supervisor: Retain Original Copy			
I. CERTIFICATION			
<p>In accordance with State Policy (S.A.M. 0753 & 0754) approval is requested to use privately owned vehicles to conduct official State business.</p> <p><i>I hereby certify that, whenever I drive a privately owned vehicle on State business, I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:</i></p> <ol style="list-style-type: none">1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage). Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.2. Adequate for the work to be performed.3. Equipped with safety belts in operating condition.4. To the best of my knowledge, in safe mechanical condition as required by law. <p>I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.</p> <p><i>I further certify that, while using a privately owned vehicle on official State business, all accidents will be reported on form STD. 270 within 48 hours (S.A.M. 2441).</i></p> <p>I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.</p>			
DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE	
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED	
II. APPROVAL			
<i>Use of a privately owned vehicle on State business is approved.</i>			
APPROVING AUTHORITY SIGNATURE	TITLE	DATE APPROVED	
III. RENEWAL			
<i>I have reviewed the above certification and approval and certify that the information provided is correct and valid.</i>			
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED	
<i>I have reviewed the above certification and approval and certify that the information provided is correct and valid.</i>			
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED	
<i>I have reviewed the above certification and approval and certify that the information provided is correct and valid.</i>			
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED	
<i>I have reviewed the above certification and approval and certify that the information provided is correct and valid.</i>			
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED	
<i>I have reviewed the above certification and approval and certify that the information provided is correct and valid.</i>			
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED	
<i>I have reviewed the above certification and approval and certify that the information provided is correct and valid.</i>			
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED	
<i>I have reviewed the above certification and approval and certify that the information provided is correct and valid.</i>			
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED	

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Appendix B: Form STD.270 Vehicle Accident Report (2 pgs.)

		Print	Clear			
<div>STATE OF CALIFORNIA - DGS ORIM VEHICLE ACCIDENT REPORT STD. 270 (REV. 2/2002c)</div>		<div>THIS REPORT MUST BE MAILED WITHIN 48 HOURS AFTER ACCIDENT (ACCIDENTS INVOLVING INJURY SHOULD FIRST BE CALLED OR FAXED TO ORIM AT (916) 376-5302 - CALNET 480-5302 - FAX (916) 376-5277.)</div> <div style="text-align: center;">* CONFIDENTIAL INFORMATION *</div> <div>DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF THE OFFICE OF RISK AND INSURANCE MANAGEMENT</div>				
<div>ACCIDENT PREVIOUSLY REPORTED TO ORIM? (If Yes, give date) <input type="checkbox"/> YES <input type="checkbox"/> NO</div>		<div>DISTRIBUTION: OFFICE OF RISK AND INSURANCE MANAGEMENT ORIGINAL - 707 THIRD STREET, FIRST FLOOR WEST SACRAMENTO, CA 95605 COPY - STATE GARAGE (DGS pool vehicle only) COPY - DEPT. FILES (Dept. owned vehicles only) COPY - STATE DRIVER (Dept. owned vehicles only)</div> <div style="text-align: right;">Page of </div>				
STATE DRIVER	NAME		AGE	EMPLOYING DEPARTMENT	AGENCY BILLING CODE	
	DRIVER'S LICENSE NO.		ACCIDENT DATE	TIME	OFFICE ADDRESS	
	WAS VEHICLE BEING USED ON OFFICIAL STATE BUSINESS? (If NO, attach explanation) <input type="checkbox"/> YES <input type="checkbox"/> NO		AGENCY DOCUMENT NO. (Optional)			
	DATE DRIVER LAST COMPLETED STATE DEFENSIVE DRIVER TRAINING Month/Year <input type="checkbox"/> NOT TAKEN					
STATE VEHICLE	VEHICLE LICENSE NUMBER		VEHICLE YEAR, MAKE, MODEL		VEHICLE OWNER	
	DESCRIBE DAMAGES TO STATE VEHICLE		ESTIMATED REPAIR COST		<input type="checkbox"/> DEPARTMENT OWNED <input type="checkbox"/> DGS POOL	DEPT. VEHICLE NO. (Optional)
					<input type="checkbox"/> RENTAL <input type="checkbox"/> EMPLOYEE OWNED	
					IF DEPARTMENT OWNED OR RENTAL, ENTER OWNER'S NAME	
ACCIDENT DETAILS (See Reverse for Diagram and Description)	ACCIDENT LOCATION (Address/Area)				ROAD CONDITIONS	
					WEATHER CONDITIONS	
	(City/State)				TRAFFIC CONDITIONS	
	(County)				HOW FAST WERE YOU DRIVING?	EST. SPEED OF OTHER CAR
	POLICE REPORT MADE <input type="checkbox"/> YES <input type="checkbox"/> NO				NAME AND ADDRESS OF INVESTIGATING AGENCY	
OTHER VEHICLE	DRIVER'S NAME		AGE / DOB	VEHICLE LICENSE NUMBER	VEHICLE YEAR, MAKE, MODEL	NO. OF PASSENGERS
	DRIVER'S LICENSE NO.		HOME TELEPHONE	REGISTERED OWNER		
	DRIVER'S ADDRESS (Street, City, State, Zip Code)		OWNER'S ADDRESS			HOME TELEPHONE
						WORK TELEPHONE
	BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY				NAME AND ADDRESS OF OTHER PARTY'S INSURANCE	
INJURED	NAME		AGE	ADDRESS		HOSPITAL
	NAME		AGE	ADDRESS		HOSPITAL
WITNESS	NAME		TELEPHONE		ADDRESS	
	NAME		TELEPHONE		ADDRESS	
VEHICLE PASSENGERS STATE OTHER	NAME		ADDRESS			
	NAME		ADDRESS			
	NAME		ADDRESS			
	NAME		ADDRESS			

(CONTINUE ON REVERSE)

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STATE OF CALIFORNIA - DGS ORIM

VEHICLE ACCIDENT REPORT

STD. 270 (REV. 2/2002c) (REVERSE)

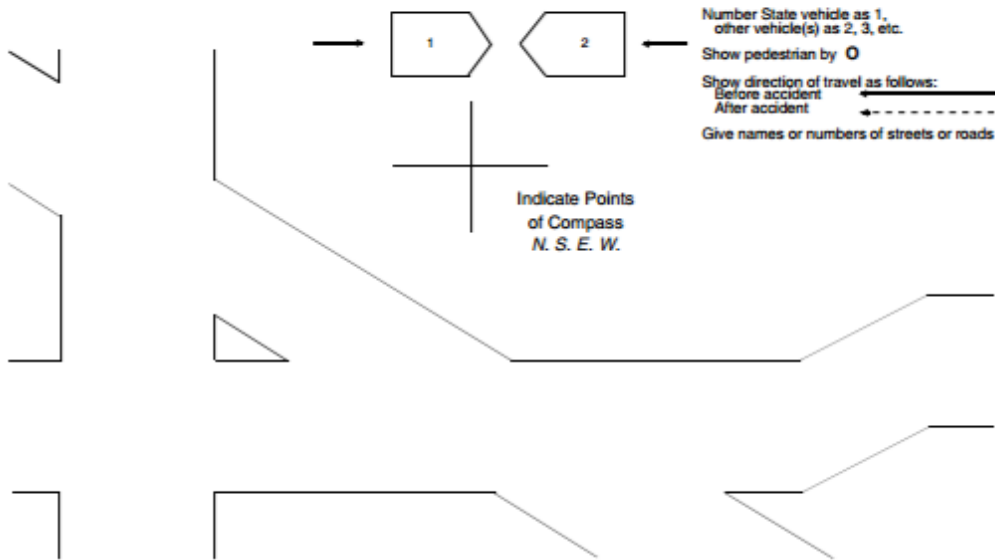
*** CONFIDENTIAL INFORMATION ***

DO NOT RELEASE TO OTHER PARTIES WITHOUT CONSENT OF THE
OFFICE OF RISK AND INSURANCE MANAGEMENT

ACCIDENT DETAILS - DESCRIPTION

FULLY STATE HOW ACCIDENT OCCURRED (Give details, attach additional sheets if necessary)

ACCIDENT DETAILS - DIAGRAM



ADDITIONAL VEHICLE/PASSENGER(S)
VEHICLE
PASSENGER
INJURED

DRIVER'S NAME		AGE/DOB	VEHICLE LICENSE NUMBER		VEHICLE YEAR, MAKE, MODEL	
DRIVER'S LICENSE NO.		HOME TELEPHONE	WORK TELEPHONE		REGISTERED OWNER	
ADDRESS (Street, City, State, Zip Code)				HOME TELEPHONE		
BRIEFLY DESCRIBE DAMAGES TO OTHER VEHICLE OR PROPERTY				WORK TELEPHONE		
NAME AND ADDRESS OF OTHER PARTY'S INSURANCE CARRIER						
NAME		AGE	ADDRESS		HOSPITAL	
NAME		AGE	ADDRESS		HOSPITAL	
NAME		ADDRESS				
NAME		ADDRESS				

The answers in this report contain a true and full account of the accident, and the vehicle was being operated on official business of the state at the time of the accident. (The reviewing officer is to explain any exception.) Attach extra pages as necessary.		Type Name and Title of Reviewing Officer	
Employee Signature and Date		Telephone Number of Reviewing Officer	
Reviewing Officer Signature (Supervisor or Safety Coordinator)			

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Appendix C: FORM STD.274 State Driver Accident Review (2 pgs.)

STATE OF CALIFORNIA - GENERAL SERVICES - RISK AND INSURANCE MANAGEMENT		Print	Clear
STATE DRIVER ACCIDENT REVIEW			
STD. 274 (REV. 1/2002)			
SUPERVISOR'S REVIEW - FOR DEPARTMENTAL ACCIDENT PREVENTION		PLEASE PRINT OR TYPE	
PURPOSE:	To have supervisor investigate each driver accident, report facts and circumstances, confirm that the State vehicle was used on State business, and initiate or recommend action to achieve accident prevention.		
HOW:	Use sources of information listed on the back of this form. Report on all accidents, regardless of who was hurt, what property was damaged, or who was responsible. (SAM 2430)		
WHO:	SUPERVISOR who authorized the employee to drive on State business must prepare this report, code the type of accident, and forward it to the reviewing officer/safety coordinator within five days from the date of the accident. Attach STD. 274 to the departmental copies of STD. 270 (if applicable). If STD. 270 is not required, send a copy of STD. 274 to the Office of Risk and Insurance Management, Health and Safety Unit.		
REVIEWING OFFICER:	You are responsible for the quality (accuracy and completeness) of the supervisor's report and to initiate follow-up action.		
1. DRIVER'S NAME		2. ORGANIZATION UNIT AND DEPARTMENT	
		3. DATE OF ACCIDENT	
4. HOW DID ACCIDENT OCCUR?			
5. WHAT DRIVING RULES, VEHICLE LAWS OR VIOLATIONS CONTRIBUTED TO THE CAUSE OF THE ACCIDENT?			
6. SUPERVISOR'S ACTION TAKEN, OR RECOMMENDATION FOR SUPERIORS TO PUT INTO EFFECT. (SEE BACK FOR SUGGESTIONS)			
7. SIGNATURE AND TITLE OF SUPERVISOR			DATE
8. REVIEWING OFFICER: I CONCUR <input type="checkbox"/> OR I DO NOT CONCUR <input type="checkbox"/> WITH SUPERVISOR MY EVALUATION AND ACTION TAKEN:			
9. HOW WAS THE DRIVER INFORMED OF YOUR EVALUATION AND FOLLOW-UP ACTION: VERBAL DISCUSSION <input type="checkbox"/> WRITTEN MEMO <input type="checkbox"/> VERBAL AND WRITTEN <input type="checkbox"/>			DATE
10. SIGNATURE AND TITLE OF REVIEWER			DATE

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STATE OF CALIFORNIA - GENERAL SERVICES - RISK AND INSURANCE MANAGEMENT		
STATE DRIVER ACCIDENT REVIEW STD. 274 (REV. 1/2003) (REVERSE)		
SOURCES OF INFORMATION INVESTIGATED BY SUPERVISOR IN ADDITION TO STD. 270 PREPARED BY DRIVER		SOME ACTION SUGGESTIONS AND RECOMMENDATIONS (EXPLAIN ON OTHER SIDE)
DID YOU ?	YES NO	
<input type="checkbox"/> QUESTION STATE DRIVER	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> DRIVER HABITS NEED TO BE OBSERVED IN TRAFFIC
<input type="checkbox"/> GO TO SCENE OF ACCIDENT	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> OUR DRIVER WAS A CONTRIBUTING FACTOR (memo to driver)
<input type="checkbox"/> CLOSELY EXAMINE SEAT BELTS AND SAFETY EQUIPMENT	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> FURTHER TRAINING BE PROVIDED (when, by whom and type)
<input type="checkbox"/> EXAMINE MECHANICAL DEFECTS	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> DEPARTMENTAL POLICY OR LOCAL RULES BE MODIFIED
<input type="checkbox"/> READ POLICE REPORT AND CITATIONS	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> DRIVER BE DISCIPLINED (special action suggested)
<input type="checkbox"/> REVIEW DL-254, ABSTRACT OF LICENSE RECORDS DEPARTMENT OF MOTOR VEHICLES	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> ASK ACCIDENT REVIEW BOARD TO ADVISE SUPERVISOR
<input type="checkbox"/> REVIEW DRIVER'S FILE -- DEPARTMENT RECORDS	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> NO FURTHER PERSONNEL ACTION BE TAKEN
<input type="checkbox"/> ASK ABOUT ANY DISTRACTIONS OR ATTENTION DIVERTERS, PRIOR TO ACCIDENT (i.e., cellphone, eating, reaching, talking)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> RECOMMEND REMOVAL FROM DRIVING STATUS
<input type="checkbox"/> CONSIDER, WAS OUR DRIVER INFLUENCED BY FATIGUE, ILLNESS, MEDICINE OR ALCOHOL? IF YES, EXPLAIN _____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> DISCUSS CUMULATIVE DRIVER RECORD
		<input type="checkbox"/> RECOMMEND NEW OR CHANGE OF TRAFFIC FLOW
		<input type="checkbox"/> CHANGE OR IMPROVE EQUIPMENT
		<input type="checkbox"/> ASK FOR EXPERT CONSULTATION
GIVE DATE OF DEFENSIVE DRIVER TRAINING		
ORIENTATION - DEPARTMENT POLICIES AND RULES	DATE	
<input type="checkbox"/> CLASSROOM DEFENSIVE DRIVER TRAINING	<input type="text"/>	
<input type="checkbox"/> BEHIND-THE-WHEEL TRAINING	<input type="text"/>	
<input type="checkbox"/> SPECIAL MOBILE EQUIPMENT TRAINING	<input type="text"/>	
SUPERVISOR - CLASSIFY FOR DEPARTMENTAL REPORTING		
TYPE OF VEHICLE ACCIDENT:		
COLLISION WITH OTHER VEHICLE	SOLO ACCIDENT	STRIKING PEDESTRIAN
<input type="checkbox"/> 1. Evasive maneuver	<input type="checkbox"/> 13. Evasive maneuver	<input type="checkbox"/> 21. In a crosswalk
<input type="checkbox"/> 2. Lost control	<input type="checkbox"/> 14. Lost control	<input type="checkbox"/> 22. Not in a crosswalk
<input type="checkbox"/> 3. Hit other vehicle in rear	<input type="checkbox"/> 15. Collided with stationary object	<input type="checkbox"/> 23. While backing
<input type="checkbox"/> 4. Hit from rear	<input type="checkbox"/> 16. Backing	
<input type="checkbox"/> 5. Proceeding straight	<input type="checkbox"/> 17. Runaway vehicle	
<input type="checkbox"/> 6. Crossed into opposing lanes	<input type="checkbox"/> 18. Lost load	
<input type="checkbox"/> 7. Changing lanes	<input type="checkbox"/> 19. Mechanical failure	
<input type="checkbox"/> 8. Making right turn	<input type="checkbox"/> 20. Struck or was struck by animal	
<input type="checkbox"/> 9. Making left turn		
<input type="checkbox"/> 10. Backing		
<input type="checkbox"/> 11. Mechanical failure		
<input type="checkbox"/> 12. Collision with bicycle		
		MISCELLANEOUS ACCIDENT
		<input type="checkbox"/> 24. Explain _____

WAS ACCIDENT PREVENTABLE BY STATE DRIVER ?		Yes No
		<input type="checkbox"/> <input type="checkbox"/>

CALIFORNIA STATE UNIVERSITY, STANISLAUS

Defensive Driver Program

Appendix D: FORM STD.269 Vehicle Accident ID Card (2 pgs.)

STATE OF CALIFORNIA
REPORTING AUTOMOBILE ACCIDENTS

The State administers a vehicle liability self-insurance program against loss for personal injury and property damage to others. The program protects any officer or employee of the State while operating a state-owned vehicle while on official business.

All vehicle accidents which in any way involve personal injury or property damage to others must be **reported within 48 hours** on Report of Vehicle Accident form STD. 270. The completed report must be signed by the operator and approved by his or her supervisor.

Accidents resulting in any **injury** to persons other than employees, or involving **serious damage** to the property of others, must be reported **immediately** by telephone to the Office of Risk and Insurance Management or an **advance** copy of STD. 270 may be faxed to the ORIM.

DO NOT DISCUSS ACCIDENT WITH ANYONE EXCEPT:

- a. Investigating Traffic Officers
- b. Your Supervisors
- c. Authorized State Officers
- d. State's Insurance Adjusters

Subsequent to any accident involving a State vehicle, all communications and forms, including Summons and Complaint, must be forwarded to the Department of General Services, Office of Risk and Insurance Management, Sacramento. Transmittal letter should include date and place of service together with any other pertinent information, including name of person or agency served and date of service.

COMPLETE ENTRIES ON ACCIDENT IDENTIFICATION CARD—DETACH AND GIVE TO OTHER DRIVER

DIAGRAM OF ACCIDENT

Print Form Reset Form

STATE OF CALIFORNIA—DGS/ORIM
ACCIDENT IDENTIFICATION
STD. 269 (REV. 4/2012)

IMPORTANT
Complete entries below, detach this card and give to other driver who may need information for financial responsibility form.

DRIVER'S FULL NAME AND WORK TELEPHONE NUMBER

DRIVER'S LICENSE NUMBER

DEPARTMENT EMPLOYED BY

DATE AND LOCATION OF ACCIDENT

YEAR AND MAKE OF STATE VEHICLE

LICENSE NUMBER OF STATE VEHICLE

ANY INQUIRY REGARDING ACCIDENT MAY BE ADDRESSED TO:

**OFFICE OF RISK AND INSURANCE MANAGEMENT
DEPARTMENT OF GENERAL SERVICES
707 THIRD STREET, FIRST FLOOR
WEST SACRAMENTO, CA 95605 (916) 376-5300
Internet: claims@dgs.ca.gov 1-800-900-3634 Toll Free**

REPORTING OF CLAIMS

In case of accident resulting in **injury** to persons (other than employees), or involving **serious damage** to the property of others, call the Office of Risk and Insurance Management **IMMEDIATELY** (or FAX an advance copy of STD. 270, Vehicle Accident Report to):

OFFICE OF RISK AND INSURANCE MANAGEMENT
(916) 376-5300/5302 (CALNET: 480-5300/5302) or
1-800-900-3634 TOLL FREE
FAX (916) 376-5277

On weekends or holidays, leave a Voice Mail message
(which will be returned on the next business day).

EVIDENCE OF FINANCIAL RESPONSIBILITY

This vehicle is owned or leased by the State of California, a public entity, and operated by employees or agents of the State. California Vehicle Code Sections 16000, 16020, 16021 et seq. state that ownership or lease of a vehicle by a public entity establishes evidence of financial responsibility.

IMPORTANT

ASK NAMES AND ADDRESSES OF WITNESSES FIRST

1	NAME	PHONE
	ADDRESS	
2	NAME	PHONE
	ADDRESS	
3	NAME	PHONE
	ADDRESS	

INJURED PERSONS

1	NAME	AGE
	ADDRESS	PHONE
	HOSPITAL TAKEN TO	
2	NAME	AGE
	ADDRESS	PHONE
	HOSPITAL TAKEN TO	

OTHER VEHICLES

1	LICENSE	YEAR
	REGISTERED OWNER	MAKE
	ADDRESS	CITY
2	DRIVER'S NAME	
	ADDRESS	CITY
	OPERATOR'S LICENSE NUMBER	EXPIRATION DATE

(OVER)

NOTE: This accident identification card (on reverse) should be filled out, detached and given to other driver.