



DIOCESE OF AMARILLO

**TRANSPORTATION
and
VEHICLE SAFETY
PROGRAM**

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TRANSPORTATION AND VEHICLE SAFETY POLICY

Safety in and around our church and school facilities is of utmost concern and the responsibility of every pastor, administrator, director, and employee. One of the most significant risks has to do with vehicular transportation. Whether transporting our children to school, youth outings, or adult meetings, safety is important.

Proper risk management requires that there be reasonable precautions and actions to provide for the safety of people. In August 1997 the Diocese of Amarillo established a vehicle safety policy.

Three basic elements are essential to an effective and successful vehicle safety program. The first deals with the selection and training of drivers who, through their employment, will be required to operate Diocesan vehicles on a full-time or occasional basis, or who through volunteerism, will be asked to operate a vehicle, either the Diocesan or their own, to transport people to a function. The second deals with proper maintenance and equipping of Diocesan vehicles. The last element has to do with accurate and detail record-keeping and reporting.

Each pastor, administrator, director, and employee should become familiar with this policy, especially those who drive vehicles or who are authorized to transport people.

Driver Selection and Training

Care should be exercised in selecting individuals who are required or asked to operate a vehicle on behalf of the Diocese. Accordingly, the following steps should be followed and documented:

Employee Operators

- ❖ A vehicle driver application form must be completed by all employees who are required by their job description or responsibilities to operate a vehicle.
- ❖ Each location must submit a copy of the employee driver's license (name, date of birth, and driver's license number) to the Risk Management office at the Diocesan Pastoral Center Business office.
- ❖ Any employed driver who causes an accident in a Diocesan vehicle or is convicted of two moving violations within 12 months will be required to attend a defensive driving course.
- ❖ If an employee is using their vehicle for Diocesan business it is their policy that would respond in the event of a loss.

Volunteer Operators

- ❖ No one under the age of 21 can be a volunteer driver.
- ❖ A statement of driving history as shown must be obtained from all volunteers who are going to drive a Diocesan-owned, or own vehicle to transport people to a Diocesan function on behalf of the Diocese.

- ❖ If a volunteer is going to drive his vehicle to transport people to the Diocesan functions, he must provide evidence to the church, school, or diocesan administrator of liability insurance with limits of not less than \$100,000.00/300,000.00/100,000.00.
- ❖ If a volunteer is using their vehicle for Diocesan business it is their policy that would respond in the event of a loss.
- ❖ All privately owned vehicles used on behalf of the Diocese must be insured according to Texas law. A private vehicle form must be obtained, pg 25.
- ❖ Submit a Volunteer Driver Application, pg 23.

Priest Operators

- ❖ All Diocesan Priests and extern Priests working in this diocese must insure their vehicles with liability not less than \$100,000.00/300,000.00/100,000.00.
- ❖ All Diocesan Priests and extern Priests purchase their vehicle and pay for all car payments. The priest pays all expenses when he takes business mileage as determined by the federal government. If he does not take any business mileage, he can submit receipts so that the parish/institution pays for all basic maintenance, registration, insurance, and gas.

All Operators

- ❖ All operators of vehicles on behalf of the Diocese must possess a current, valid driver's license for the type of vehicle they will be operating and be at least 21 years of age. There should be no physical uncorrected disability noted on a license that would interfere with the safe operation of the vehicle.
- ❖ Operators of school/church buses must possess a current, valid CDL driver's license with the "S" and "P" endorsements to operate the bus.
- ❖ No one will be allowed to drive on behalf of the Diocese who has any of the following convictions in the past THREE years:
 - operating a vehicle during a period of license suspension, revocation, or forfeiture;
 - driving under the influence of alcohol or drugs;
 - hit and run accident;
 - failure to report an accident;
 - negligent homicide arising out of the use of a motor vehicle;
 - using a motor vehicle for the commission of a felony;
 - operating a motor vehicle without the owner's authority;
 - permitting an unlicensed person to drive;
 - reckless driving;
 - speed contest; OR
 - any combination of accidents and/or moving violations, a total of three

- ❖ All operators and passengers must comply with the current Texas State safety belt laws and regulations and must have their seat belts on when the vehicle is moving. It is the responsibility of the driver to ensure this policy with all passengers.
- ❖ All operators must comply with the current Texas State cell phone laws and regulations.
 - Never use your cell phone while driving.
 - Pull off the road entirely and come to a complete stop before you talk or text
 - You cannot send or receive electronic messages while driving in Texas.
 - Using any handheld device in your vehicle in a school zone is illegal.
 - Cellphone laws can change from city to city.
 - Diocesan of Amarillo Employee Handbook 07/05/2018 Page 39

CELL PHONES

You **must** refrain from using a cell phone while driving. Your safety and the safety of other motorists comes before all other concerns. In situations where job responsibilities include driving and accepting of business calls, you must use a hands-free device and pull off the road before conducting business. **Texting while driving is prohibited.** Under no circumstances are you allowed to place yourself or others at risk to fulfill business needs. Employees who are charged with traffic violations or incur other liabilities resulting from their use of a cell phone while driving are solely responsible for all liabilities that result from such actions.

- ❖ The mileage reimbursement form is used primarily by employees seeking to be paid back for using their vehicle for business use. Seeing as there is no way to properly calculate the true cost of performing the trip by the employee, the IRS announces the rates on an annual basis for employers and businesses.
<https://eforms.com/employee/mileage-reimbursement-irs/>

Insurance on Diocesan Vehicles

All Diocesan vehicles must have minimum liability insurance of \$1,000,000 and should be insured via the Diocese of Amarillo's fleet auto insurance policy.

Insurance carrier and employee; volunteer can obtain driver's license check. To check on the employee or volunteer requires their consent. The practice, procedure, and cost that is involved in obtaining Driver's License records are currently under review.

Vehicle Maintenance and Equipment

Preventive maintenance and inspection of vehicles are important parts of a vehicle safety program. Each vehicle must have a mandated state inspection each year.

- ❖ At the time of the mandated State Inspection, each entity shall obtain a Vehicle Inspection Report, which is the first section of.
- ❖ All multi-passenger, Diocesan-owned vehicles must be equipped with a first-aid kit.

- ❖ Because of new U.S. Department of Transportation regulations, no Diocesan– owned multi-passenger vehicle is to be driven across Texas State lines without local institution approval.

Record Keeping and Accident Reporting

A very important element of a comprehensive vehicle safety program is complete reporting and maintenance of the various records obtained in the implementation of the program. All of the employee driver applications should be kept on file for at least three years following the termination of their driving privileges for the Diocese. Volunteer driver information forms should be kept for three years. Safety inspection reports should be kept for three years or until the vehicle is sold. Vehicle maintenance records and driver information records should be kept on file for five years when an accident is involved. Any accident reports and injury reports should also be kept for five years.

Accident Reporting

- ❖ Obtain medical assistance at the scene as soon as possible, if needed.
- ❖ Contact local police, sheriff, or highway patrol authorities as required.
- ❖ The driver should not comment on the fault of either party.
- ❖ Exchange driver, vehicle, and insurance information.
- ❖ Report the accident or moving violation to the Diocesan Risk Manager and complete a written accident and vehicle inspection form.
- ❖ Report the accident to Diocesan Risk Manager and Church Mutual Insurance Company, S.I. at (800) 554-2642, select Option 2, or to your insurance company if it's your vehicle.
- ❖ If the accident involved injuries to any person, report the accident to the Diocesan Chief Financial Officer.

Mechanical Problem

Upon return from any trip in which safety or mechanical problems are noted by the driver, the problem should be reported to the church, school, or diocesan administrator. Each entity shall be responsible for checking a reported mechanical or safety problem before the vehicle is utilized again.

Commercial Carrier

Commercial carrier or contracted transportation is the most desirable method to be used for field trips and, whenever possible, this mode of transportation should be provided. The use of private passenger vehicles is discouraged and should be avoided if at all possible. If commercial carriers are used (e.g., commercial airlines, trains, or buses) no further information is required. However, if transportation is contracted, signed contracts should be executed with an appropriate hold harmless agreement protecting the parish and Diocese. Also, contracted carriers should provide proof of insurance with minimum limits of liability of \$1,000,000 CSL (Combined Single Limit).

Leased Vehicles

If a vehicle is leased, rented, or borrowed to transport participants to and from the event, appropriate insurance should be obtained. If a driver does not maintain the required minimum limits, \$100,000 per person or \$300,000 per accident, as set by the Diocese standards, we recommend you purchase Bodily Injury, Property Damage Liability and Physical Damage coverage through the rental company.

When purchasing coverage through a rental company, we strongly recommend avoiding the rental of vehicles designed to carry more than 15 passengers (14 passengers plus the driver), as these vehicles have a higher risk of tipping over due to their weight.

Purchase rental insurance coverage minimizes out-of-pocket expenses if an accident occurs.

Changes in the Wording of Rental Car Contracts

There is a growing trend on the part of rental car companies to change the wording of their rental contracts to include the following two clauses:

1. "Diminution of Value"- This represents the reduction in a vehicle's market value due to its having been involved in an accident. When the repaired car is eventually sold, the car brings a lower price. When a renter returns a vehicle in damaged condition! he or she receives one bill for the repairs, and another for diminution in value.

2. "Before and After"- With some types of damage, liability concerns make rental companies reluctant to return a repaired car to a fleet. Instead, they simply sell the damaged car for salvage. The renter would be responsible for the difference between the actual damage and the salvage value.

Some credit card companies do provide coverage for damage to rental cars if you use your credit card to rent the vehicle, however, it is generally in excess of the renter's auto policy, and payment is limited to the cost of the repairs, and would not include payment for either of the two clauses above.

While you are afforded coverage under your existing auto policy for Non owned and Hired Auto Liability and Hired Auto Physical Damage, if either of the two clauses stated above are included in your rental contract, we would advise that you take the insurance coverage offered by the rental company. While this will cost you an additional \$15-\$30 per day, if an accident were to occur, your out-of-pocket expenses could be much more.

The alternative would be to ask the rental company before you rent the vehicle if these two clauses are included. There are rental companies that do not include these clauses in their rental agreements.

Please note that Non-owned and Hired Auto Liability and Hired Auto Physical Damage apply within the U.S. and Canada.

Private Passenger Vehicles

If a private passenger vehicle must be used, then the following information must be supplied and this information must be certified by the driver in question (see the form attached):

- ❖ The driver must be 21 years of age or older.
- ❖ The driver must have a valid, non-probationary driver's license and no physical disability that could in any way impair his/her ability to drive the vehicle safely.
- ❖ The vehicle must have valid and current registration and valid and current license plates.
- ❖ The vehicle must be insured for the following minimum limits:
\$100,000/300,000/100,000

A signed Driver Information Sheet on each vehicle used must be obtained before the field trip.

Each driver and/or chaperon should be given a copy of the approved itinerary including the route to be followed and a summary of his/her responsibilities.

Distance Limitations (For non-contracted transportation)

- ❖ Daily maximum miles driven should not exceed 500 miles per vehicle.
- ❖ The maximum number of consecutive miles driven should not exceed 250 miles per driver without at least a 30-minute break.

GENERAL INDEMNITY PROVISIONS

[Name of contract carrier]

shall indemnify and save harmless

and the Roman Catholic Diocese

of Amarillo, its Bishop, agents, and employees from all suits, actions, losses, damages, claims, or liability of any character, type, or description, including without limiting the generality of the foregoing all expenses of litigation, court costs, and attorney's fees for injury or death to any person, or injury to any property, received or sustained by any person or persons or property, arising out of, or occasioned by, the negligent acts of

[Name of contract carrier]

its agents or employees,

in the execution or performance of this contract.

Executed this day of , .

Signature

Diocesan Property Use - only for contract carrier i.e., a bus line
Please keep this completed form on file for 3 years.



DIOCESE OF AMARILLO

Pastoral Center Business Office

DIOCESAN PASTORAL CENTER
P O BOX 5644
AMARILLO TX 79117-5644
Office (806) 383-2243
Toll-Free (800) 658-6643
Fax (806)-383-8452

School Bus Drivers

The state and federal laws mandate a driver to have S and P endorsements on their driver's license to continue driving a school bus. A driver is anyone (mechanic, volunteer, teacher, coach, or manufacturer) that drives a bus at any time even if there are no students/passengers on board.

Please confirm all your drivers (employees and/or volunteers) have the necessary endorsements needed to drive a school bus. They need to have a Texas CDL with an S school and P passenger endorsements. We want them legal!

Please ask all drivers to complete the driver information questionnaire. One is for employees; one is for volunteer drivers. Keep the completed originals in a file at the school. If there should happen to be an accident and one of your driver's history is in question, you will have their completed driver information sheet to prove Your Location and the Diocese of Amarillo used due diligence when selecting drivers.

Please call and/or email If you have questions or need more information.

Thanks for your assistance.

Ivy Taylor
Risk Manager
Diocese of Amarillo



DIOCESE OF AMARILLO

Pastoral Center Business Office

DIOCESAN PASTORAL CENTER
P O BOX 5644
AMARILLO TX 79117-5644
Office (806) 383-2243
Toll-Free (800) 658-6643
Fax (806)-383-8452

Fleet Policy on Diocesan, Parish, or Ministry owned Vehicles

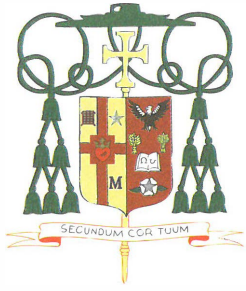
Effective March 1, 2009, all vehicles owned by the Diocese of Amarillo including those owned by Parishes or Ministries **MUST** be insured thru the Diocesan Fleet Plan.

There is a large window of opportunity for loss on diocesan vehicles not insured via the Fleet Plan. The Diocese or Entity would be liable for up to \$700,000.00 in losses if not covered.

Personal vehicles and Priests' vehicles are not at risk and are covered under a different clause that covers all costs not covered by the owner over \$300,000.00.

If you have any questions concerning this policy please contact Ivy Taylor at 383-2243 x122.

Ivy Taylor
Risk Manager
Diocese of Amarillo



DIOCESE OF AMARILLO

Office of the Bishop

October 8, 2019

Dear Pastor,
Church Administrators/Principals/Youth Directors/Institution Directors (CFS, DWC):

Effective January 1, 2012, the Diocese of Amarillo adopted the following policies governing the use of 10-15 passenger vans.

- The use of 10-15 passenger vans to transport children and/or adults is totally prohibited.
- Mini-vans may continue to be used to transport children and/or adults. A mini-van is defined as a passenger vehicle designed to transport no more than 8 total occupants.

Since then, the NHTSA (National Highway Traffic Safety Administration) issued several rulings making them safer which is standard for new models.

- Shoulder safety belts
- Safety standard requiring electronic stability control
- Tire Pressure Monitoring Systems

Texas Transportation

Amended by:

Acts 2019, 86th Leg., R.S., Ch. 943 (H.B. 3), Sec. 3.040, eff. September 1, 2019.

Sec. 34.003. OPERATION OF SCHOOL BUSES.

(a) School buses or mass transit authority motor buses shall be used for the transportation of students to and from schools on routes having 10 or more students. On those routes having fewer than 10 students, passenger cars may be used for the transportation of students to and from school.

(b) To transport students in connection with school activities other than on routes to and from school:

(1) only school buses or motor buses may be used to transport 15 or more students in any one vehicle; and

(2) passenger cars or passenger vans may be used to transport fewer than 15 students. 15 includes the driver.

(c) In all circumstances in which passenger cars or passenger vans are used to transporting students, the operator of the vehicle shall ensure that the number of passengers in the vehicle does not exceed the designed capacity of the vehicle and that each passenger is secured by a safety belt.

(d) In this section, "passenger van" means a motor vehicle other than a motorcycle or passenger car, used to transport persons and designed to transport 15 or fewer passengers, including the driver.

(e) "Motor bus" means a vehicle designed to transport more than 15 passengers, including the driver.

The Diocese of Amarillo has amended the 10-15 passenger van policy as a result of the rulings and the amended code.

The Diocese of Amarillo 10-15-Passenger Van Policy, eff. October 8, 2019

- May purchase, lease or borrow 10-15-passenger vans.
- January 2019 or newer

- 10-15-passenger van must meet National Highway Traffic Safety Administration safety standards.
 - 15 Shoulder safety belts
 - Electronic stability control (ESC)
 - Tire Pressure Monitoring Systems (TPMS)
 - Van should only be driven by experienced, licensed drivers who operate this type of vehicle on a regular basis. A commercial driver's license is ideal. 15-passenger vans handle differently especially when fully loaded.
 - Never allow more than 15 people to ride in a 15-passenger van. Fill the seats from front to back: when the van is not full, passengers should sit in seats that are in front of the rear axle.
 - Cargo should be placed forward of the rear axle; avoid overloading the van or placing any loads on the roof. See the vehicle owner's manual for the maximum weight of passengers and cargo and to determine towing capability.

Sincerely yours in Christ,

A handwritten signature in black ink, reading "Patrick J. Zurek". The signature is written in a cursive, flowing style.

Patrick J. Zurek, STL, DD
Bishop of Amarillo

ADD VEHICLE FORM

Date _____ Effective Date _____

Location _____

Contract Person _____ Phone Number _____

Vehicle Information

YEAR	MAKE	MODEL	VIN #	Passenger Capacity	Full or Liability Only	Car Rental Yes or No

Name and Address on the Registration	Vehicle used for?	Cost for Car

Mortgagee/Loss Payee

Yes or No

Bank Name _____

Address _____

Street

City

State

Zip

List of Drivers

Date of Birth

Driver's License #

All bus drivers are required to have a CDL license with a "S" (school) and "P" (passenger) endorsement

itaylor@dioama.org * PO Box 5644 Amarillo TX 79117 * Fax 806-383-8452

Employee Vehicle Driver Application

For new hires, we recommend that the insured have them provide a copy of their license and a motor vehicle report from the TX Dept of Motor Vehicles.

Carrier pulls driver information at renewal and if they have any questions, they advise us and we in turn advise you.

Due to the new privacy acts that have been put into effect, a motor vehicle check cannot be issued without the consent of the driver.

Applicant's Name _____

Current Address _____

Last Prior Address _____

Social Security # _____ **Phone #** _____ **Hire Date** _____

Driver License

License #	State	Type	Expiration Date	Birthdate

State Restrictions

Driving Experience

Class of Equipment	Employer's Name	From	To	Approx. Miles
Automobile				
Van				
School Bus				
Truck/Tractor				
Other				

Accident record for the Past Three Years

Dates	Nature of Accident	Fatalities	Injuries

Moving Violations for the Past Three Years

Location City & State	Date	Charge	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle:

☐ Yes ☐ No

Has any license, permit, or privilege ever been suspended revoked, or forfeited?

☐ Yes ☐ No Date _____

Special Training Related to Transportation _____

Safe Driving Awards and From Whom _____

Physical History

List physical limitations (eyesight, limb impairment, diabetes, hearing)

Use corrective lenses? _____ Use hearing aids? _____

Date of last physical examination _____

Doctor's name and address _____

Responsible risk management dictates that we ask our drivers to answer the following questions Thank you for your understanding and cooperation.

Have you had any of the following citations or convictions in the past THREE years?

	NO	YES	WHEN
a. Driving under the influence of alcohol or drugs			
b. Hit and run			
c. Failure to report an accident			
d. Negligent homicide arising from the use of a motor vehicle			
e. Using a motor vehicle for the commission of a felony			
f. Permitting an unlicensed person to drive			
g. Reckless driving			
h. Speed contest			
Are you currently taking any medication that you have been told may make you drowsy?			
Do you have any physical limitations?			

To Be Read and Signed by Applicant

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

Signature

Date

IT IS EXPECTED THAT ALL PASSENGERS ADHERE TO THE TEXAS SAFETY LAWS AND REGULATIONS

Volunteer Driver Information

Volunteer also completes Private Vehicle Information

For all volunteers we request that they provide a copy of their license and a motor vehicle report from the TX Dept of Motor Vehicles.

Name		Birthdate	
Address		Phone #	
City	State	Zip	
Driver's License #	State Issued	Expiration	
State Restrictions			

THANK YOU FOR HELPING US WITH OUR TRANSPORTATION NEEDS!

Have you had any of the following citations or convictions in the past THREE years?

	NO	YES	WHEN
a. Driving under the influence of alcohol or drugs			
b. Hit and run			
c. Failure to report an accident			
d. Negligent homicide arising from the use of a motor vehicle			
e. Using a motor vehicle for the commission of a felony			
f. Permitting an unlicensed person to drive			
g. Reckless driving			
h. Speed contest			
Are you currently taking any medication which you have been told may make you drowsy?			
Do you have any physical limitations?			

To provide for the safety of our students, youth and all members of our Church or School, we cannot use your services as a volunteer driver at this time if you answered YES to any of the above questions.

This certifies that the information given above is true and complete to the best of my knowledge.

Signature

Date

IT IS EXPECTED THAT ALL PASSENGERS ADHERE TO THE TEXAS SAFETY LAWS AND REGULATIONS

Private Vehicle Information

Parish is responsible to verify limits

Insurance carrier and employee obtain driving record. To check on the employee or volunteer requires their consent. The practice, procedure, and cost that is involved in obtaining Driver's License records is under review.

Year	Make	Model of Vehicle
License Plate #	State	Tag Expiration
Owner's Name		
Address		Phone #
City	State	Zip
Insurance Company Name		
Policy #	Expiration	
Agent's Name		
Address		Phone #
City	State	Zip
Limits of Coverage _____ to _____		
Personal Injury Protection		

The coverage provided by the Diocese for employee and volunteer owned vehicles is for liability only and is excess to that provided under the personal insurance of the employee or volunteer. There is no coverage for physical damage to the employee or volunteer vehicle other than what they have placed on their vehicle.

PLEASE NOTE THE MINIMUM ACCEPTABLE LIABILITY INSURANCE FOR PRIVATELY-OWNED VEHICLES IS \$100,000/300,000/100,000.

This certifies that the information given above is true and complete to the best of my knowledge, the vehicle is currently in a safe operation condition.

Signature

Date

**IT IS EXPECTED THAT ALL PASSENGERS ADHERE TO THE
TEXAS SAFETY BELT LAWS AND REGULATIONS**

THANK YOU FOR HELPING US WITH OUR TRANSPORTATION NEEDS!
THANK YOU FOR HELPING US WITH OUR TRANSPORTATION NEEDS!

Vehicle Inspection Report

Inspected By _____

Date of Inspection		Vehicle #	Make & Type of Vehicle
Owner's Street Address		Phone #	Odometer Reading
City	State	Zip	

Guidelines

Vehicle Part	Guidelines and Checklist	Operative	Defective
Brakes	Apply parking brake on incline, or with transmission in drive under slight acceleration		
	Visually check foot brake pedal pad for loss of non-slip surface		
	With engine running, check brake pedal- does it hold firm, feel spongy or travel to floor?		
	In forward motion, apply brake to check for pulling to right/left		
Tires	Visually inspect tires for even or excessive wear. All tread grooves should have at least 4/32 of an inch tread remaining. (Any tire dealer can gauge the remaining tread depth for you.) Wear bars across the tire surface should not show signs of wear. Tires should wear evenly. Tires worn on both outside edges indicates under-inflation. Front tires worn on one side, but not the other, indicate front wheel alignment is out of adjustment.		
Engine	Ease of starting		
	Smooth idle		
	Smooth acceleration		
	Engine noise and excessive pinging		

Transmission	Transmission position indicator agrees with actual position of transmission		
	Transmission locks when in "park" position		
	Smooth shifting of gears with no unusual noises		
Steering	Excessive or unusual response when driving		
	Steering wheel must turn from one extreme position to the other smoothly		
Exhaust	Check for noise, excessive smoke or odor of exhaust fumes in vehicle		
Lights	Check instrument interior, directional four-way flasher, tail and brake lights, parking and headlights (high/low beam) for proper operation		
Instruments	Check gauges, speedometer, odometer and trouble lights for proper operation		
Air Conditioner Heater Defrost	Proper operation on all selected positions without any unusual noises		
Horn	Audible operation		
Rearview Mirror	Check inside and outside mirrors for discoloration, cracks and secure mounting		
Window Glass	Check for discoloration, obstruction (decals) and cleanliness		
	Cracks or breakage		
	Operation of roll-down windows		
Safety Equipment	Is vehicle equipped with three reflective triangles or flags and reflectors for use in the event of a mechanical breakdown on or near the traveled portion of any roadway?		
	Do seat belts function properly?		

Vehicle Maintenance Record

Model _____

Vehicle # _____

Model Year _____

Model # _____

Tire Record

Make	Warranty Life	Date Installed	Odometer

Battery Record

Make	Life	Date Installed	Odometer

Motor Oil & Filter Record

Date	Months or Miles	# of Quarts	Filter	Remarks

Lubrication Record

Date	Remarks	Date	Remarks

Trip Date: _____ **Purpose of Trip:** _____

<u>Mileage:</u>	<u>Rate: \$</u>	<u>Amount: \$</u>	<u>Parking Fees: \$</u>	<u>Tolls: \$</u>	<u>Other: \$</u>	<u>Total: \$</u>

Trip Date: _____ **Purpose of Trip:** _____

<u>Mileage:</u>	<u>Rate: \$</u>	<u>Amount: \$</u>	<u>Parking Fees: \$</u>	<u>Tolls: \$</u>	<u>Other: \$</u>	<u>Total: \$</u>

Trip Date: _____ **Purpose of Trip:** _____

<u>Mileage:</u>	<u>Rate: \$</u>	<u>Amount: \$</u>	<u>Parking Fees: \$</u>	<u>Tolls: \$</u>	<u>Other: \$</u>	<u>Total: \$</u>

Trip Date: _____ **Purpose of Trip:** _____

<u>Mileage:</u>	<u>Rate: \$</u>	<u>Amount: \$</u>	<u>Parking Fees: \$</u>	<u>Tolls: \$</u>	<u>Other: \$</u>	<u>Total: \$</u>

Trip Date: _____ **Purpose of Trip:** _____

<u>Mileage:</u>	<u>Rate: \$</u>	<u>Amount: \$</u>	<u>Parking Fees: \$</u>	<u>Tolls: \$</u>	<u>Other: \$</u>	<u>Total: \$</u>

Trip Date: _____ **Purpose of Trip:** _____

<u>Mileage:</u>	<u>Rate: \$</u>	<u>Amount: \$</u>	<u>Parking Fees: \$</u>	<u>Tolls: \$</u>	<u>Other: \$</u>	<u>Total: \$</u>

Trip Date: _____ **Purpose of Trip:** _____

<u>Mileage:</u>	<u>Rate: \$</u>	<u>Amount: \$</u>	<u>Parking Fees: \$</u>	<u>Tolls: \$</u>	<u>Other: \$</u>	<u>Total: \$</u>

Trip Date: _____ **Purpose of Trip:** _____

<u>Mileage:</u>	<u>Rate: \$</u>	<u>Amount: \$</u>	<u>Parking Fees: \$</u>	<u>Tolls: \$</u>	<u>Other: \$</u>	<u>Total: \$</u>

Trip Date: _____ Purpose of Trip: _____

<u>Mileage:</u>	<u>Rate: \$</u>	<u>Amount: \$</u>	<u>Parking Fees: \$</u>	<u>Tolls: \$</u>	<u>Other: \$</u>	<u>Total: \$</u>

Trip Date: _____ **Purpose of Trip:** _____

<u>Mileage:</u>	<u>Rate: \$</u>	<u>Amount: \$</u>	<u>Parking Fees: \$</u>	<u>Tolls: \$</u>	<u>Other: \$</u>	<u>Total: \$</u>

Trip Date: _____ **Purpose of Trip:** _____

<u>Mileage:</u>	<u>Rate: \$</u>	<u>Amount: \$</u>	<u>Parking Fees: \$</u>	<u>Tolls: \$</u>	<u>Other: \$</u>	<u>Total: \$</u>

Trip Date: _____ **Purpose of Trip:** _____

<u>Mileage:</u>	<u>Rate: \$</u>	<u>Amount: \$</u>	<u>Parking Fees: \$</u>	<u>Tolls: \$</u>	<u>Other: \$</u>	<u>Total: \$</u>

Trip Date: _____ **Purpose of Trip:** _____

<u>Mileage:</u>	<u>Rate: \$</u>	<u>Amount: \$</u>	<u>Parking Fees: \$</u>	<u>Tolls: \$</u>	<u>Other: \$</u>	<u>Total: \$</u>

Trip Date: _____ **Purpose of Trip:** _____

<u>Mileage:</u>	<u>Rate: \$</u>	<u>Amount: \$</u>	<u>Parking Fees: \$</u>	<u>Tolls: \$</u>	<u>Other: \$</u>	<u>Total: \$</u>

Trip Date: _____ **Purpose of Trip:** _____

<u>Mileage:</u>	<u>Rate: \$</u>	<u>Amount: \$</u>	<u>Parking Fees: \$</u>	<u>Tolls: \$</u>	<u>Other: \$</u>	<u>Total: \$</u>

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature: _____ **Print Name:** _____

WHAT TO DO IF YOU ARE INVOLVED IN AN ACCIDENT

If You Are Involved In An Incident

- **Stop at once!** Check for personal injuries and send for an ambulance, if needed. Do not leave the scene, but ask for the assistance of bystanders.
- **If fire or smoke is present,** evacuate vehicle occupants to a safe location. If stalled on a railroad track, evacuate occupants to a safe location away and at a right angle from the tracks.
- **If fire, smoke or spilled fuel is present,** send for the fire department. Do not leave the scene; ask a bystander to call the fire department. If possible, use a spill kit to absorb the spill.
- **Protect the scene.** Set emergency warning devices to prevent further injury or damage. Secure your vehicle and its contents from theft.
- **Secure the assistance** of the police whenever possible. Record names and badge numbers.
- **Record names, addresses and phone numbers** of all witnesses injured and driver(s) and their passengers. Record vehicle license numbers.
- **Do not argue!** Make no statement except to the proper authorities. Sign only official police reports. Do not make statements regarding the operating condition of your vehicle and do not admit fault.
- **Report the incident to your dispatcher/supervisor IMMEDIATELY** after first aid has been given, authorities have been notified, the scene has been protected and you are able to do so.
- **Complete the incident report** at the scene as thoroughly as possible. Exchange insurance information only with other involved driver(s).
- **If you strike an unattended vehicle** and can not locate the owner, leave a note with your name and the company's address and phone number, get the vehicle description, VIN number, and license plate number.

Church Mutual Insurance Company

www.churchmutual.com
Arthur J. Gallagher Risk Management Services, LLC
9155 S Dadeland Blvd Ste 1112
Miami, FL 33156
305-592-6080

AUTOMOBILE ACCIDENT REPORT

Please furnish the following information for prompt handling of your claim.
You may call this information in to our office or you may fax or mail this form to us.

CLAIM INFORMATION

Date Reported _____
Reported by: (Name) _____ (Title) _____
Phone: (Home) _____ (Work) _____
Fax _____ E-mail _____
Account No. _____ Policy No. _____ Effective Date _____
Date of Loss _____ Time of Loss _____ ☐ a.m. ☐ p.m.
Insured's Name (as it appears on policy) _____
Address 1 (Street) _____
Address 2 (Street) _____
City _____ State _____ Zip Code _____

ACCIDENT INFORMATION

Location of Accident (Street) _____
City _____ State _____ Zip Code _____
Police Dept. reported to _____ Officer's Name/Badge No. _____
Report No. _____ Violation issued _____
Description of Accident - Describe fully - Detail on provided diagram

WITNESSES

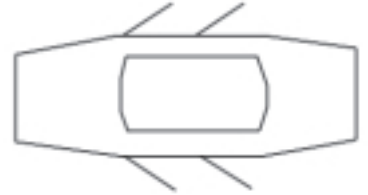
It is critical to give full name and address of every person who knows anything about the accident.

Name _____	Phone No.: Home _____	Work _____
City _____	State _____	Zip Code _____
Name _____	Phone No.: Home _____	Work _____
City _____	State _____	Zip Code _____
Name _____	Phone No.: Home _____	Work _____
City _____	State _____	Zip Code _____
Name _____	Phone No.: Home _____	Work _____
City _____	State _____	Zip Code _____

INSURED'S VEHICLE AND DRIVER INFORMATION

Vehicle Serial No. _____ Year _____ Make _____ Model _____
Vehicle No. on policy _____ License Plate No. _____ State of Issue _____
Are you insured with any other insurance company? ☐ No ☐ Yes If yes, what company? _____
Name of Driver _____ Phone No.: (Home) _____ (Work) _____
Relation to insured (employee, volunteer, family, etc.) _____ Date of Birth _____ Age _____
Address (Street) _____
City _____ State _____ Zip Code _____
Driver's License No. _____ Purpose of Use _____ Used with Permission ☐ No ☐ Yes
Describe damage to insured vehicle _____

Repair Estimate _____ Where can vehicle be seen? _____ When? _____



PASSENGERS IN INSURED VEHICLE (USE ADDITIONAL PAPER IF NECESSARY)

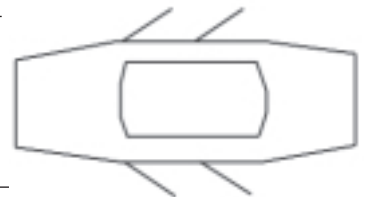
Name _____ Age _____ Sex _____
Parent/Guardian _____ Phone No. _____ Work _____
Address _____
City _____ State _____ Zip Code _____
Injuries _____

Name _____ Age _____ Sex _____
Parent/Guardian _____ Phone No. _____ Work _____
Address _____
City _____ State _____ Zip Code _____
Injuries _____

Name _____ Age _____ Sex _____
Parent/Guardian _____ Phone No. _____ Work _____
Address _____
City _____ State _____ Zip Code _____
Injuries _____

PROPERTY DAMAGE TO OTHERS

Owner of Property/Vehicle _____ Address _____
City _____ State _____ Zip Code _____
Name of Driver _____ Phone No. (Home) _____ (Work) _____
Address (Street) _____
City _____ State _____ Zip Code _____
Describe damage to insured vehicle _____



PROPERTY DAMAGE TO OTHERS (CONTINUED)

Other vehicle or property insured? ☐ No ☐ Yes If yes, state company or agency name, phone no., and policy no. _____

Repair Estimate _____ Where can vehicle be seen? _____ When? _____

PASSENGERS IN OTHER VEHICLE (USE ADDITIONAL PAPER IF NECESSARY)

Name _____ Age _____ Sex _____
Parent/Guardian _____ Phone No. _____ Work _____
Address _____
City _____ State _____ Zip Code _____
Injuries _____

Name _____ Age _____ Sex _____
Parent/Guardian _____ Phone No. _____ Work _____
Address _____
City _____ State _____ Zip Code _____
Injuries _____

Name _____ Age _____ Sex _____
Parent/Guardian _____ Phone No. _____ Work _____
Address _____
City _____ State _____ Zip Code _____
Injuries _____

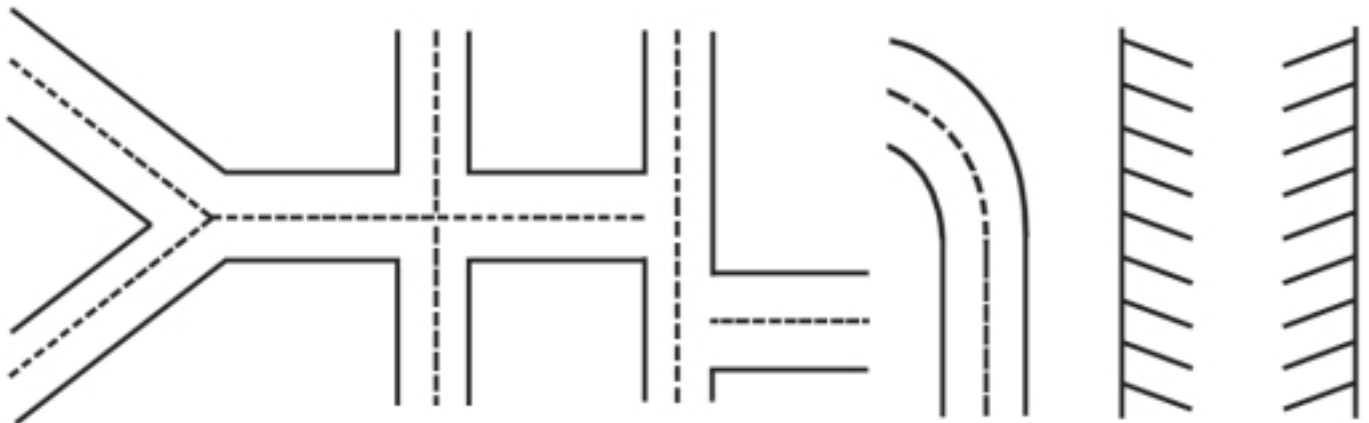
SHOW CARS AS
YOU OTHER



LABEL EACH
STREET

SHOW STOP OR
SLOW SIGNS

INDICATE
DIRECTIONS



**STATE - SPECIFIC FRAUD WARNING STATEMENTS FOR
CLAIM FORMS - AUTOMOBILE
(PLEASE READ CAREFULLY)**

- Arizona** "For your protection, Arizona law requires the following statement to appear on this form:
Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
- California** "For your protection California law requires the following to appear on this form:
Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."
- Colorado** "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."
- Florida** "Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree."
- Maine** "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits."
- New Jersey** "Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
- New York** "Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles, or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty but not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation."
- Pennsylvania** "Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or missing information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000."

Alaska, Arkansas, Delaware, District of Columbia, Idaho, Indiana, Kentucky, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, and Virginia

"For your protection, these states require the following wording on this form:

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing false, inflated, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud and may be subject to civil fines, criminal penalties, and denial of insurance benefits."

Applicable in All States

For your protection, review your policy for an explanation of the insured's duties in the event of a loss. Failure to comply with these duties may void your policy.

Name (print) _____
Phone: Home (_____) _____ Work (_____) _____
City _____ State _____ Zip Code _____
Signature _____ Date _____



DIOCESE OF AMARILLO

Fleet Safety Acknowledgement Form

I have hereby acknowledge that I have received and read the copy of Vehicle Safety Transportation and Fleet Policy and Program.

I agree to comply with the policies and procedures contained in this program.

Date _____

Driver's Signature _____

Print Driver's Name _____