

	<h1 style="margin: 0;">POLICY</h1> <h2 style="margin: 0;">VEHICLE USAGE BY COURT SERVICES EMPLOYEES AND OFFICERS</h2>		Policy File Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">TCP 2102</div>	
	Approved By: <b>SHERRI CARRIER, COURT SERVICES DIRECTOR</b>	Approval Date: <b>06/13/2017</b>	Supersedes: <b>TCP 2102</b>	Previous Date: <b>12/21/2015</b>

**A. SUMMARY:**

Establishes policies for use of Tulsa County vehicles assigned for ongoing use by the Division of Court Services, and for documentation and investigation of vehicle accidents/incidents involving Court Services employees and Officers while on duty.

**B. APPLICABLE TO:**

Court Services employees and Officers who are authorized to drive while on duty or "on call."

**C. REFERENCE:**

Tulsa County Policy TCP 004, "County Vehicle Usage."

**D. ENCLOSURES:**

1. Tulsa County Vehicle Accident or Other Potential Liability Incident Report, Form 2052.
2. Employee Injury Report, Form 459.
3. (Template) Memo re: Accident/Incident with Minor Damage to County Vehicle/Property.

**E. DEFINITION:**

**Officer:** Any CLEET-certified Court Services Officer whose duties include supervising Court Services clients/offenders.

**F. POLICIES:**

1. All use of County vehicles by Court Services employees and Officers will be in accordance with the requirements of the "County Vehicle Usage Policy," TCP 004. A partial summary of these requirements includes, but is not limited to:
  - a. No person is allowed to operate, ride in or upon, or knowingly assist another person to operate or ride in or upon any Tulsa County vehicle without proper authorization to do so. Court Services clients and others individuals may be transported as passengers in a County vehicle only for official County business purposes.
  - b. Any use other than that approved for the benefit of Tulsa County is prohibited. Tulsa County vehicles assigned for ongoing use by the Division of Court Services will be used for official County business purposes. When on duty and/or on call, Officers shall be allowed to use the County vehicle for personal use only when they are prepared to perform a law enforcement/supervision function if necessary.
  - c. Any personal use of a County vehicle that is approved in writing and in advance for the benefit of Tulsa County will be reported as a taxable fringe benefit under the Internal Revenue Service Code.

*F-1 continues on the following page. →*

# POLICY

## VEHICLE USAGE BY COURT SERVICES EMPLOYEES AND OFFICERS

Policy File Number

TCP 2102

### F. **POLICIES:** (CONTINUED)

1. *A partial summary of County Vehicle Usage Policy requirements: (continued)*

- d. Any employee or Officer operating a County vehicle must qualify for and carry a current, valid Tulsa County Vehicle Use Permit. To qualify, a County-approved Defensive Driver's class must be successfully completed (and renewed every three years), and the employee or Officer must sign a release allowing a review of his or her driving history.

**NOTE:** For employees or Officers who need to qualify or re-qualify for a Vehicle Use Permit, the Director of Court Services, or a designee, will coordinate arrangements with the County Human Resources office.

- e. The employee or Officer must carry a current valid Oklahoma driver license appropriate to the vehicle's type and use (e.g., commercial driver license when applicable), and any additional operator's card which may be required to legally operate a specific vehicle type.
  - f. The employee or Officer must operate the vehicle safely at all times, comply with the law, and abide by all applicable regulations, policies, procedures and directives for safe, lawful and permissible usage of the vehicle.
  - g. Drivers and passengers of all passenger vehicles, including personal vehicles, being used for County business shall wear properly adjusted and fastened seat belts at all times the vehicle is in motion. The driver shall not operate the vehicle until all passengers' seat belts are fastened. Personal vehicles lacking functional seat belts for all current occupants shall not be used in conducting County business.
  - h. Employees and Officers must promptly report to the supervisor any parking or traffic citation received while using any vehicle in the performance of County business. Any parking ticket, traffic violation ticket, and/or related cost, is solely the responsibility of the employee or Officer.
  - i. Smoking in or on any County vehicle is prohibited.
  - j. Court Services employees and Officers driving a County vehicle will limit passengers to County employees, persons conducting business with Tulsa County, and Court Services clients/offenders as necessary for purposes of County business.
  - k. Bumper stickers are not permitted on County vehicles without prior approval of the Board of County Commissioners.
2. Tulsa County vehicles assigned for ongoing use by the Division of Court Services will be inspected a minimum of once per month by the supervisor of the unit to which the vehicles are assigned. The unit supervisor will be responsible for appropriately ensuring the unit's assigned vehicles are kept in good mechanical condition, including coordinating with the County Garage for regular vehicle maintenance and any necessary repair.
3. Vehicle accidents involving a vehicle driven by a Court Services employee or Officer while on County business (whether a County vehicle or a personal vehicle being driven for a County business reason) will be handled in accordance with the provisions of the "County Vehicle Usage Policy," TCP 004. A partial summary of these provisions includes, but is not limited to:
- a. The employee or Officer involved in the vehicle accident should render appropriate aid for anyone injured, when reasonable and prudent to do so. (Avoid moving the injured individual[s] unless absolutely necessary.)

*F-3 continues on the following page. →*

# POLICY

## VEHICLE USAGE BY COURT SERVICES EMPLOYEES AND OFFICERS

Policy File Number

TCP 2102

### F. POLICIES: (CONTINUED)

#### 3. A partial summary of County Vehicle Usage Policy accident requirements: (continued)

- b. The employee or Officer should call 911 (or the police non-emergency number, if applicable) for any immediate assistance required. Provide appropriate information and stay on the line until the dispatcher has obtained all necessary information.
- c. The employee or Officer should cooperate appropriately with authorities who respond at the scene, but should avoid volunteering assumption of liability and other unnecessary comments. Names of investigating officers and their agency affiliations should be noted, if possible.
- d. Written information should be noted at the scene to the extent possible. (A standard Tulsa County form is available for this purpose in the glove compartment of most County vehicles, and includes summary instructions; see F-3f, below, and the illustration of the form in Enclosure 1.)
- e. The employee or Officer should notify, by phone, as soon as reasonably possible:
  - 1) The employee's or Officer's supervisor.
  - 2) The County Safety Officer in the Human Resources office.
  - 3) If towing or mechanical assistance is needed, the County Central Garage.

**NOTE:** Telephone numbers for the Safety Officer and County Garage are provided on the Vehicle Accident Report (Form 2052; see Enclosure 1).

- f. Within 24 hours after the accident, or as soon as physically possible thereafter, employees or Officers involved in a vehicle accident on the job are required to complete and submit a written, signed and dated Vehicle Accident or Other Potential Liability Incident Report (Form 2052; see Enclosure 1), to be filed with the Director of Court Services. If the form is unavailable at the scene, the employee or Officer should note pertinent facts using available resources, then transfer the information later to the official report form.

**NOTE:** The Director will review and sign the report before sending a photocopy to the County Safety Officer in the Human Resources office for follow-up as needed. The original report is retained for Court Services records. Any claims, summonses, or other communications received by Court Services or any employee or Officer with regard to the accident must also be communicated promptly to the County Safety Officer for appropriate follow-up.

- g. If injured, the employee or Officer also must complete and file an Employee's Injury Report (Form 459, Enclosure 2) through the supervisor, as soon as possible, attaching appropriate medical documentation when applicable. Employee questions regarding Workers' Compensation claims or benefits should be referred to the Human Resources office for response.
- h. For very minor vehicle accidents in which there is no injury that requires medical treatment for anyone; no property damage beyond minimal superficial damage to the County's property; and no claim of any kind which can be reasonably anticipated, the employee or Officer must notify the Court Services Director, in writing, with pertinent details (location, circumstances, damage description, etc.; see the suggested memo template, Enclosure 3.) Notice is due within 24 hours after the accident, if at all possible. The Court Services Director or an authorized designee will send written information about the minor accident to the County Safety Officer and the Building Operations Director, and coordinate any repairs with the County Garage.

# POLICY

## VEHICLE USAGE BY COURT SERVICES EMPLOYEES AND OFFICERS

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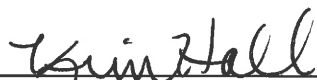
**TCP 2102**

*Division Director's Approval:*



SHERRI CARRIER, DIRECTOR  
TULSA COUNTY COURT SERVICES

*Office of the District Attorney:*



DISTRICT ATTORNEY OR DESIGNEE

APPROVED this Thirteenth day of June, 2017.

**BOARD OF COUNTY COMMISSIONERS  
TULSA, OKLAHOMA**

\_\_\_\_\_  
RON PETERS, CHAIRMAN  
COMMISSIONER, DISTRICT 3

\_\_\_\_\_  
JOHN SMALIGO, JR., COMMISSIONER, DISTRICT 1

\_\_\_\_\_  
KAREN KEITH, COMMISSIONER, DISTRICT 2

ATTEST:

\_\_\_\_\_  
MICHAEL WILLIS, COUNTY CLERK

To avoid further reduction in the type size, this legal-size double-sided form is reproduced in 4 segments. Shown below is the UPPER portion of the FRONT of the form.

## TULSA COUNTY VEHICLE ACCIDENT OR OTHER POTENTIAL LIABILITY INCIDENT REPORT



### IN CASE OF VEHICLE ACCIDENT...

Stop immediately at the accident scene. Follow these directions. If non-injury accident, begin at Step 2.

# 1

#### AID THE INJURED

Do not move the injured individual(s) unless absolutely necessary!

# 2

#### CONTACT AUTHORITIES-CALL 911 (OR NON-EMERGENCY POLICE # IF APPLICABLE)

- Give exact location.
- Advise if medical help is needed.
- Stay on the line until the dispatcher has obtained all necessary information.

# 3

#### DON'T VOLUNTEER COMMENTS

- Do not make or sign any statement concerning the assumption of liability.
- Cooperate with authorities, but provide only the information required.
- Write down the name(s) of investigating officer(s), if any, and the agency the officer represents. (Space for this is provided at the bottom of the back side of this form.)

# 4

#### RECORD FACTS

- Note the information needed below and on the reverse side of this form. (For legibility and clarity, the information may later be copied to a fresh form, but as much information as possible should be noted at scene.)
- Where the information requested is not applicable to the specific situation, write "N/A".
- Where information is applicable but unavailable, write a question mark "?".
- Specifically, obtain information on the other driver, other vehicle, insurance, passengers, other witnesses, and investigating officers when applicable.

# 5

#### NOTIFY:

- Your Supervisor.
- County Safety Officer at (918) 596-5092.
- County Central Garage (for County mechanic or towing as necessary) at (918) 596-5195.

# 6

#### FILE REPORT

AFTER ACCIDENT (WITHIN 72 HRS. IF POSSIBLE):

**EMPLOYEE:** COMPLETE BOTH SIDES OF REPORT, SIGN BELOW AND SUBMIT TO DIVISION DIRECTOR/ELECTED OFFICIAL.

(IF 2 OR MORE EMPLOYEES ARE INVOLVED IN A SINGLE ACCIDENT IN SEPARATE VEHICLES WHILE ON COUNTY BUSINESS AND/OR IN COUNTY VEHICLES, EACH COUNTY DRIVER IS TO COMPLETE AND SIGN A SEPARATE ACCIDENT REPORT.)

**DIRECTOR/OFFICIAL:** (1) REVIEW REPORT & SIGN BELOW. (2) PHOTOCOPY BOTH SIDES OF FORM & SEND COPY TO COUNTY SAFETY OFFICER IN HUMAN RESOURCES OFFICE. (3) RETAIN ORIGINAL FORM FOR DEPARTMENTAL RECORDS.

EMPLOYEE SIGNATURE

DIRECTOR/OFFICIAL SIGNATURE

OCCURRENCE DATE		DAY OF THE WEEK		TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
DEPARTMENT		DIVISION			
OCCURRENCE LOCATION (STREET NAME OR HIGHWAY NUMBER)					
AT OR NEAR INTERSECTION				NO. OF VEHICLES INVOLVED	
INVESTIGATION AT SCENE BY <input type="checkbox"/> COUNTY DEPUTY <input type="checkbox"/> OHP <input type="checkbox"/> TULSA POLICE <input type="checkbox"/> OTHER <i>Provide Investigator Name(s) on Side 2 (IF NONE, EXPLAIN ON SIDE 2)</i>					
CITATION ISSUED <input type="checkbox"/> YES <input type="checkbox"/> NO		VIOLATION		ISSUED TO	
				PHOTOS TAKEN <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>VEHICLE DRIVEN BY REPORT PREPARER Vehicle No. 1</b>		DRIVER (LAST, FIRST, MIDDLE INIT.)			
TITLE OR POSITION		NO. OF HOURS ON DUTY AT TIME OF COLLISION		<b>OTHER VEHICLE Vehicle No. 2</b>	
DRIVER LICENSE NO.		STATE		DRIVER'S HOME ADDRESS	
TYPE LICENSE		DATE OF BIRTH		BUSINESS NAME	
VEHICLE ID NO. (VIN)		PERSONAL VEHICLE LICENSE TAG NO., STATE, YEAR		BUSINESS ADDRESS	
EXPERIENCE OPERATING THIS TYPE VEHICLE				DRIVER LICENSE NO.	
MAKE OF VEHICLE		MODEL/YEAR		STATE	
COUNTY TAG NO.		VEHICLE DEFECTS PRIOR TO ACCIDENT		EXPIRES (MO. AND YR.)	
				TYPE LICENSE	
				DATE OF BIRTH	
				RESTRICTIONS (IF ANY)	
				OWNER'S NAME <input type="checkbox"/> SAME AS DRIVER	
				BUSINESS PHONE NO.	
				HOME ADDRESS	
				RESIDENCE PHONE NO.	
				MAKE OF VEHICLE	
				MODEL/YEAR	
				BODY TYPE	
				VEHICLE ID NO. (VIN)	
				VEHICLE LICENSE NO.	
				STATE/YEAR	

**The lower portion of the front of this form is reproduced on the following page. →**

← **The upper portion of this form is reproduced on the previous page.**  
**Shown below is the LOWER portion of the FRONT of the form.**

NO. OCCUPANTS FRONT      REAR		SEAT BELTS <input type="checkbox"/> YES <input type="checkbox"/> NO	IN USE <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVEN AWAY <input type="checkbox"/> YES <input type="checkbox"/> NO	LIABILITY INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO		INSURANCE CO. OR AGENT	ADDRESS
POSTED SPEED LIMIT _____ MPH		SPEED AT CONTACT _____ MPH			POLICY NO.		PREVIOUS DAMAGE	ODOMETER READING

INJURED PERSONS	AGE	SEX	NATURE OF INJURY	STATUS
NAME _____				<input type="checkbox"/> PED. <input type="checkbox"/> PASS.
1. ADDRESS/PHONE _____				<input type="checkbox"/> Veh. 1 <input type="checkbox"/> Veh. 2
NAME _____				<input type="checkbox"/> PED. <input type="checkbox"/> PASS.
2. ADDRESS/PHONE _____				<input type="checkbox"/> Veh. 1 <input type="checkbox"/> Veh. 2
NAME _____				<input type="checkbox"/> PED. <input type="checkbox"/> PASS.
3. ADDRESS/PHONE _____				<input type="checkbox"/> Veh. 1 <input type="checkbox"/> Veh. 2
WITNESS NAME _____		ADDRESS _____		PHONE NO. _____
WITNESS NAME _____		ADDRESS _____		PHONE NO. _____
STATEMENT OF WITNESSES (WHEN APPLICABLE)				
EXTENT OF DAMAGE CAUSED BY THIS ACCIDENT - INCLUDE DAMAGE TO COUNTY/OTHER VEHICLES				
STATEMENT OF OTHER DRIVER (WHEN APPLICABLE)				

FORM 2052 (2-13) FRONT
**NOTE:** THIS FORM IS FOR TULSA COUNTY USE ONLY. COPIES SHOULD NOT BE GIVEN TO OTHER PERSONS OR AGENCIES.
(OVER)

**The back page of this form is reproduced on the following 2 pages.** →

← **The front of this form is reproduced on the previous 2 pages.**  
**Shown below is the UPPER portion of the BACK of the form.**

UNIT

1 2

ROAD CHARACTER

1. Straight-level  
2. Straight-upgrade  
3. Straight-downgrade  
4. Straight-hill crest  
5. Curve-level  
6. Curve-upgrade  
7. Curve-downgrade  
8. Curve-hill crest  
9. Sharp curve  
(Add to above if applicable)  
Other:

UNIT

1 2

TYPE OF ROAD

1. One-way road  
2. Alley  
3. Two lanes  
4. Three lanes  
5. Four or more (divided)  
6. Four or more (not divided)  
7. Driveway  
8. Turn bay  
9. On-ramp  
10. Off-ramp  
11. Construction Zone  
Other:

UNIT

1 2

ROAD CONDITION

1. Dry  
2. Wet  
3. Ice / Snow  
4. Muddy  
Other:

UNIT

1 2

ROAD SURFACE

1. Concrete  
2. Asphalt  
3. Gravel  
4. Dirt  
Other:

UNIT

1 2

LOCALITY

1. Residential  
2. Business  
3. Industrial  
4. School  
5. Not built-up  
Other:

UNIT

1 2

TRAFFIC CONTROL

1. Stop sign  
2. Traffic signal  
3. Flashing signal  
4. Yield sign  
5. Warning sign  
6. RR gates, signals  
7. No-passing zone  
8. Officer  
9. No control  
Other:

UNIT

1 2

WEATHER

1. Clear  
2. Partly cloudy  
3. Overcast  
4. Raining  
5. Snowing  
Other:

UNIT

1 2

LIGHT

1. Daylight  
2. Darkness  
3. Overcast  
4. Dawn  
5. Dusk  
Other:

DIRECTION OF TRAVEL

Veh. 1 N S E W  
Veh. 2 N S E W  
Ped. N S E W  
visibility obscured by

WHAT PEDESTRIAN WAS DOING

1. Crossing: at intersection  
2. Crossing: not at intersection  
3. Crossing: at other crosswalk  
4. Getting on / off vehicle  
5. Walking with traffic  
6. Walking against traffic  
7. Pushing / working on vehicle  
8. Playing  
9. Other working  
Other:

POINT OF FIRST CONTACT ON VEHICLE

UNIT 1

1 2 7

Top Bottom

UNIT 2

1 2 7

12 1 2 3 4  
11 10 9 8 7 6 5  
10 9 8 7

VEHICLE CONDITION

UNIT

1 2

1. Apparently normal  
2. Brakes  
3. Steering  
4. Headlights  
5. Rear lights  
Other:

TIRE CHECK

UNIT 1 UNIT 2

RF RF  
LF LF  
RR RR  
LR LR

CONDITION OF DRIVERS AND PEDESTRIANS

UNIT

1 2

1. Apparently normal  
2. Driver ability impaired  
3. Odor of alcoholic beverage  
4. Very tired  
5. Sleepy  
6. Sick  
7. Condition not known  
Body defects (arm, leg, eyes, etc.)  
Other:

HIT & RUN: YES NO

WHAT VEHICLES WERE GOING TO DO

1. Go ahead  
2. Turn left  
3. Turn right  
4. Make "U" turn  
5. Stop  
6. Slow for cause  
7. Start from park  
8. Change lanes  
9. Overtake or pass  
10. Back  
11. Start in traffic lane  
12. Remain stopped  
13. Remain parked  
Other:

WHAT VEHICLES DID

1. Went ahead  
2. Turned left  
3. Turned right  
4. Entered "U" turn  
5. Stopped  
6. Slowed  
7. Started from park  
8. Entered other lanes  
9. Overtaking  
10. Backed  
11. Started forward  
12. Remained stopped  
13. Remained parked  
Other:

OBJECT STRUCK BY VEHICLE OR LOAD ON FIRST CONTACT

UNIT

1 2

1. Street light pole  
2. Other utility pole  
3. Guard rail  
4. Guard post  
5. Culvert  
6. Traffic signal  
7. Barrier  
8. Curb  
9. Island  
10. Traffic control sign  
11. Ditch  
13. Embankment  
14. Tree  
15. Dividing strip  
16. Retaining wall  
Bridge  
Other highway structure:  
Other:

COLLISION DIAGRAM

USE THESE SYMBOLS IN THE COLLISION DIAGRAM BELOW

1 Report Preparer Veh.  
2 Other Veh.  
3 Third Veh.  
Pedestrian  
Stop Light  
Stop Sign

Did location of FIRST Damage or Injury Producing Event Occur on Travel Portion of Trafficway?

Yes No

Defect in Road/Oversize Vehicle

**The lower portion of this form's back page is reproduced on the following page. →**

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 Shown below is the LOWER portion of the BACK of the form.

<b>COUNTY DRIVER: STATE BRIEFLY WHAT HAPPENED, GIVING YOUR OPINION OF WHAT CAUSED THE ACCIDENT.</b>				
IF NOT INVESTIGATED AT SCENE, EXPLAIN				
INVESTIGATING OFFICER #1 NAME		INVESTIGATING OFFICER #2 NAME		INVESTIGATING OFFICER #3 NAME
AGENCY	OFFICER'S REPORT NO.	AGENCY	AGENCY	
COUNTY MECHANIC AT SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO	TIME CALLED	TIME ARRIVED	INSPECTED PERSONAL VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	INSPECTED COUNTY VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO

FORM 2052 (2-13) BACK



## EMPLOYEE'S INJURY REPORT

NAME \_\_\_\_\_ DATE INJURED \_\_\_\_\_ TIME INJURED \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ EMPLOYEE I.D. NO. \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ JOB TITLE \_\_\_\_\_

WHAT SALARY DO YOU RECEIVE? \_\_\_\_\_ PER HOUR \_\_\_\_\_ PER DAY \_\_\_\_\_ PER MONTH \_\_\_\_\_

HOW LONG HAVE YOU BEEN EMPLOYED BY TULSA COUNTY? \_\_\_\_\_ AGE \_\_\_\_\_

WHERE WERE YOU AT THE TIME THE INJURY OCCURRED? \_\_\_\_\_

WHAT TYPE OF WORK WAS BEING DONE AT THE TIME OF INJURY? \_\_\_\_\_

STATE HOW YOU WERE INJURED AND WHAT PART OF YOUR BODY WAS INJURED (IN DETAIL; ATTACH A SEPARATE SHEET IF NECESSARY).

WITNESSES:

ADDRESS:

DAY PHONE:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

WAS MEDICAL TREATMENT REQUIRED? \_\_\_\_\_ IF NOT WHY? \_\_\_\_\_ EMERGENCY? \_\_\_\_\_

NAME AND ADDRESS OF ATTENDING PHYSICIAN \_\_\_\_\_

NAME OF HOSPITAL \_\_\_\_\_

DATE OF FIRST TREATMENT AND HOSPITALIZATION \_\_\_\_\_

HOW LONG WERE YOU OFF WORK AS A RESULT OF THIS INJURY? \_\_\_\_\_

HAVE YOU RECEIVED COMPENSATION FOR INJURIES IN THE PAST? \_\_\_\_\_

IF SO, WHEN WERE YOU INJURED AND FOR WHOM WERE YOU WORKING? \_\_\_\_\_

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

DID YOU RECEIVE MEDICAL TREATMENT? \_\_\_\_\_ IF NOT, WHY? \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

**MEMORANDUM****DATE:****TO:****FROM:****RE:** Accident/Incident with Minor Damage to County Vehicle (or Other County Property)On \_\_\_\_\_, at \_\_\_\_\_  
DATE LOCATIONa vehicle being operated by \_\_\_\_\_  
OPERATOR'S NAMEwas involved in an accident/incident resulting in minor damage to County property as  
stated below.**DESCRIPTION OF ACCIDENT/INCIDENT AND RESULTING DAMAGE:**

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