VEHICLE SAFETY PROGRAM

General: Motor vehicle accidents are the leading cause of death and injury in the United States. Observance of Massachusetts traffic laws, properly maintained and inspected vehicles, and knowledge and use of defensive driving skills are crucial to avoidance of vehicle accidents. The Vehicle Safety Program applies to all Academy drivers using Commonwealth-owned, leased, and rented vehicles.

Driver's Licensure: All employees and students operating vehicles covered by this program must possess a valid driver's license for the vehicle's class. In some cases, a Commercial Driver's License (CDL) may be required. Any employee or student who operates an Academy vehicle knowing that his or her driver's license has been suspended or revoked will be subject to appropriate disciplinary action, up to and including dismissal.

MMA Transportation Officer: The Transportation Officer is located in the Facilities Building. Her name is Karen Deckel and her phone number is 508-830-5064. She is responsible for overseeing the operation of all Academy fleet vehicles, and reporting any violations of the Vehicle Safety Program to the EH&S Officer. The EHS Officer is further responsible for communicating all fleet transportation and vehicle safety policies and procedures to drivers, and recommending remedial action when drivers are involved in accidents or are found guilty of moving violations while using Academy vehicles.

Academy Driving Privileges: The privilege to drive a MMA vehicle is conditioned on safe and lawful operation of the vehicle. Conduct typically associated with suspension or revocation of these privileges include driving without a valid state driving license, involvement in an avoidable accident, moving violations, and failure to follow other associated driving policies or procedures. Student drivers must complete familiarization training before being authorized to drive a state vehicle.

Vehicle Accidents: If an employee or student of the Academy is involved in a traffic accident while driving a state vehicle, the vehicle should not be moved until the Massachusetts State Police have been called and have advised the driver that it is safe to do so. Immediately after calling the State Police, the driver should call the MMA Transportation Officer and report the accident. If the vehicle needs to be towed, the State Police or the Transportation Officer can make arrangements to have that done.

Additional Accident Protocols:

A. Check for injuries to yourself, your passengers, and others involved (if you can do so without exposing yourself to additional danger such as oncoming traffic).

B. If your car is in a dangerous position in relation to oncoming traffic, do not sit in it but turn on your lights and flashers and move to a safe area, unless doing so will exacerbate injuries.

C. Exchange driver's license numbers, VIN and license plate numbers, names, addresses and phone numbers, and insurance information.

D. Do not speak to anyone except the police regarding the accident.
Safe Operating Vehicle Rules:

1. Wear a seat belt.
2. Observe posted speed limits and other traffic signals.
3. Yield to pedestrians on campus and on public streets.
4. Park lawfully. Do not park on campus sidewalks, in front of doors or entranceways, or fire lanes and any other no parking areas.
5. If the vehicle appears to be unsafe to drive, do not drive it. Report the condition to the Transportation Officer and request a substitute vehicle.
6. Do not overcrowd vehicles. If you need seating for 8, reserve a van rather than a sedan.
7. Never pick up hitchhikers or transport other non-authorized person's in an MMA vehicle.
8. Never let persons ride in a bed of a pick-up or other truck or trailer.
10. If you are unfamiliar with a particular vehicle, ask Transportation Officer for assistance in locating lights and other instruments before leaving the lot.
Employee Report of Accident

Safety Investigation for Prevention

Employee's Name_____________________________________________Age_________Sex_____

Job Position / Title / Description___________________________________________________

Shift Hours _______ Days Off _________ Supervisor's Name________________________________

Date / Time of Accident__________________________ Location________________________________

Task performed when accident occurred______________________________________________

Weather Conditions (if applicable) _______________________________________________________________________

Name(s) of Witnesses___________________________________________________________

Describe in your own words how the accident occurred____________________________________________________________________________
____________________________________________________________________________

Could anything have been done to have prevented this accident？_____________________________________________________

Prior to this event, have there been any near misses or discussion on incidents that could occur?
_________________________________________________________________________________

What body part(s) were injured?_____________________________________________________________________________________

What property damage was done by or as a result of the incident? ________________________________
_____________________________________________________________________________________

Signature of Employee____________________________________________ Date________________

Signature of Investigator__________________________________________ Date________________

Safety Review___________________________________________________________
_____________________________________________________________________________________

EHS Officer/ Representative_________________________________________ Date________________

Reviewed with Supervisor___________________________________________ Date________________