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Revised: 09/27/21	

**Notes and
References**

**USE OF COUNTY VEHICLES AND
TRANSPORTATION GUIDELINES**

I. Policy

- A. The County Code stipulates that County vehicles shall be used for all official automotive travel unless approved otherwise by the Department Head.
- B. Use of private vehicles should be an exception.
 - 1. Due to emergency situations.
 - 2. Unavailability of County vehicles.
 - 3. Special circumstances approved by the Department Head.
- C. Use of a County-owned vehicle for purposes other than County business is expressly forbidden.
 - 1. Personal business shall not be conducted while using a County vehicle at any time, even when traveling to or from an official destination.
 - 2. Disciplinary actions may be taken against employees violating this section of the County Code.
- D. Fines and penalties levied for violation of State, County or City laws and ordinances for which the driver is responsible shall be paid for by the driver.
- E. Accidents involving a County vehicle shall be reported to the employee's Supervisor, Manager, Deputy Chief Probation Officer, the vehicle dispatcher and the Risk Management Division of the County Counsel's Office on a Vehicle Accident Form that is available in the vehicle or in the Camp administrative office.

S.B. County
Code Sec. 2-5
through 2-10

Addendum
County of Santa
Barbara Vehicle
Accident Form
GSD/RM- 56

Addendum
Accident
"Accord"

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- F. With the exception of vehicles permanently assigned to certain designated officers and employees, County policy states that use of County-owned vehicles are **not** allowed for travel to and from work.
- G. Permission to keep a County car overnight necessitated by an early morning departure for a business trip may be granted by the Department Head.
- H. Only County employees may use County vehicles.
 - 1. Exceptions to this policy should be directed to the Administrative Officer by the Department Head concerned.
- I. Vehicle Inspections monthly
 - 1. A monthly maintenance and safety inspection will be completed by a Juvenile Institutions Officer (JIO) to ensure all vehicles have a charged fire extinguisher, jumper cables, first aid kit, blanket, accident forms, flashlight and no visible physical damage. The mileage will be recorded for service timelines of 6 months or 5,000 miles.

II. Transportation Policy

- A. Transporting Officer's equipment
 - 1. Valid California Driver's License
 - 2. County Probation Department Photo Identification Card/ Badge
 - 3. Vehicle keys with gas access device
 - 4. County gas card when leaving the county or traveling to distant destinations
 - 5. County cell phone and radio

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- B. Prior to departure
 - 1. Obtain keys from lock box and sign vehicle out on Vehicle Use Log
 - 2. Inspect vehicle
 - a. Check gas and oil levels. Each vehicle must have at least one-half tank of gas at all times.
 - b. Make sure there is water in radiator
 - c. Check tires and spare
 - d. Check directional, tail and headlights
 - e. Check seatbelts
 - f. Clean windshield
 - g. Check wipers
 - h. Adjust rearview mirror
 - i. Make sure doors are in working order
 - j. **Check for contraband**
 - k. Check for jack, flares, flashlight and first aid kit.
 - 3. Obtain necessary paperwork
 - a. Be sure to have the proper Medical Consent form when transporting a youth to the hospital or a medical/dental appointment or on a field trip
 - b. When removing a youth to Juvenile Hall, ensure that you have the removal packet, any prescription medication, and personal possessions.

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- c. When transporting a youth to a change of placement, make sure an inter-facility medication form is completed by the receiving officials to document the transfer of psychotropic and other medications.
 - d. Be sure to have luggage and ticket when transporting the youth to the airport or bus depot.
 - e. Notify the Sr. JIO or the Lead Shift Person (LSP) on duty of your departure, destination, and expected time of return. Also notify them when you reach your destination and are en route to return to LPBC.
- C. Departure
- 1. When removing a youth from LPBC for failure or for routine medical, dental or other necessary appointments or scheduled court appearances, a youth will not be placed in restraints unless it is deemed necessary after the Physical Restraint assessment is completed.
 - a. The decision to place a youth in restraints during a routine transportation run, other than a removal, must be approved by the Deputy Probation Officer, Sr (Sr. DPO). The Restraint Checklist (Pro-185) must be completed if it is believed that the use of leg restraints or a belly chain may be appropriate.
 - b. The completion of the Pro-185 is not required for the use of handcuffs only.
 - c. The completion of the Pro-185 is not required for the use of a belly chain with handcuffs if the belly chain is being used strictly for the comfort of the youth on transports over 30 minutes.

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2. Youth in restraints
 - a. Handcuffed to security waist chain, leg shackles if necessary
 - b. Place the youth in the back seat (passenger side)
 - c. Use seatbelt
 - d. Windows rolled up
 3. Youth not in restraints
 - a. Use seatbelt
 - b. No arms or legs out of window
 - c. No shouting, hand signs, or communicating with passersby
 4. Allow plenty of time for unexpected delays
 5. Obey all traffic laws
 6. Use direct routes and do not make detours (i.e., to run personal errands)
- D. Arrival
1. Report to appropriate person
 2. Call LPBC to inform them of your arrival
- E. Supervision of youth
1. The youth should be kept in sight to the best of your ability.
 2. It is the supervising/transporting staff's responsibility to set behavior limits and expectations.

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F. Emergency Situations

1. Illness

- a. If a youth is ill, injured, under the influence or in a physical state where the youth is unconscious or losing consciousness, that youth, if restrained will be cuffed in the front with a belly chain and not behind his back.
- b. If a youth has an injured limb that could be further compromised by a hard restraint, the staff will avoid application of the hard restraints on the affected part. The non-affected limb will be cuffed to the belly chain and the empty cuff will be locked to the belly chain O ring. If the youth is combative, a second staff may be used to assist with control during the transport.
- c. If multiple youths need to be restrained and hard restraints are not available, the plastic flex cuffs (zip-ties) can be accessed from the LPBC key lock box in the JIO office. Staff will have possession of a plastic cutting tool before application of the plastic flex ties and during the transport.

G. Emergency situations while transporting

1. Accident

- a. Ensure that local police, Sheriff, or CHP have been notified and wait for their arrival.
- b. Except in the most minor of incidents, contact paramedics to examine both you and youth.
- c. While waiting, write down facts about the accident, take photographs of both vehicles and get all important information from the other people involved, including:

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- 1) Name(s), DOB(s), address(es), telephone number(s)
- 2) Registration information
- 3) Vehicle insurance company and policy number
- 4) License plate number
- 5) Vehicle year, make and model
- 6) Witness name(s) and information
- d. Make statement only to law enforcement.
 - 1) Do not argue with other party or make statements regarding the accident.
 - 2) Closely supervise youth(s) to prevent further issues.
- e. If vehicle is immobilized or dangerous to drive, ask police to drive you to LPBC or Juvenile Hall, whichever is closer.
- f. Notify LPBC as soon as possible.
- g. Submit all necessary paperwork to Deputy Probation Officer, Supervising (SPO) or designee on duty, including WSR's and Accident Form on back of Vehicle Report form within 24 hours.
2. Vehicle Fire
 - a. Remove youth from the vehicle to a safe place.
 - b. Use vehicle-mounted fire extinguisher if accessible, but do not attempt to fight the fire if it is out of control.

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- c. Notify police, fire department, paramedics (if necessary), then contact LPBC.
- d. See other procedures as in Accident "Accord".
- 3. Vehicle breakdown -- other than flat tire
 - a. Call LPBC or County Garage.
 - b. Be prepared to give your exact location and symptoms of the breakdown/malfunction.
 - c. If out of local phone range, call CHP.
- 4. Escape
 - a. While in vehicle
 - 1) Do not immediately leave the vehicle. Immediately call/radio local authorities.
 - 2) Notify LPBC as soon as feasible.
 - 3) If possible, drive in the direction that the youth is fleeing. If able to establish verbal contact, direct the youth to immediately return to vehicle.
 - 4) If visual and verbal contact is lost, be prepared to inform law enforcement of direction the youth was heading, what he was wearing, the name and a physical description of the youth.
 - 5) If other youth are present in the vehicle, return immediately to LPBC after notifying the facility and local law enforcement. If no other youth are present, you may park the vehicle in a safe and legal location prior to pursuit efforts and use all prudent and diligent

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physical efforts to subdue and control the youth.
Notify LPBC and law enforcement of pursuit efforts.

- b. Away from vehicle
 - 1) Youth in restraints (i.e., being removed to juvenile hall) - Pursue using all prudent and diligent physical efforts to subdue and control the youth.
 - 2) Youth not in restraints (i.e., medical, dental appointment, trip to bus depot) – Pursue, if verbal contact is established, direct the youth to return, use minimal physical force necessary to contain the youth.

If he does not return, see:

- a. Sections 3 and 4 (above)

III. Transportation Guidelines

- A. Vehicle search
 - 1. All vehicles used to transport youth should be thoroughly searched, especially under seats, glove compartments, and any place where contraband, weapons, matches, etc., can be hidden.
 - 2. This should be done before and after every use and logged on the Camp's Vehicle Log (number of vehicle, time, and staff's name).
- B. Youth should be routinely searched prior to being placed inside a transportation vehicle.
- C. Youth's personal property
 - 1. Property should be kept under the control of the Transportation Officer until arrival at the destination and released to receiving staff.

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- D. Smoking is not allowed in County vehicles.
- E. Use of more than one Transportation Officer may be needed.
 - 1. If the youth has a significant history of escape and/or violence.
 - 2. If the youth's medical or emotional state requires the full attention of a staff member.
 - 3. Always be aware of a possible escape, in which friends, relatives, gang members, etc., could assist in the escape.
- F. Have access to extra handcuffs, leg shackles and security waist chains.
- G. All vehicles that are used for transporting youth should be equipped with a first aid kit, flashlight, fire extinguisher, etc.
- H. Make sure the vehicle has gas, oil, water, and good tires.
- I. Transportation Officers will always carry a valid California driver's license and a badge and/or up-to-date County identification card when transporting youth.
- J. Make sure youth use the restroom prior to being transported.
- K. Do not make any detours from the selected transportation route. **Never leave the vehicle and youth(s) unattended.**
- L. All vehicles will be securely locked when not in use. Vehicle keys will be returned to the lock box immediately after use and return of the vehicle will be documented on the Vehicle Use Log.

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IV. Procedures for Transporting Youth of Opposite Sex

- A. When a female staff transports a male youth, they are to:
 - 1. Log time of departure and time of arrival to and from destination, including miles driven by relaying this to the Sr. JIO or Sr. DPO on duty.
 - 2. Notify the Sr. JIO or Sr. DPO at LPBC of all stops, in between destinations.
 - a. Time of stops and departure.
 - b. Location of stops, i.e., CHP, Sheriffs station, gas station, etc.
 - c. Reason for stops.

Empty box for notes and references.

COUNTY OF SANTA BARBARA VEHICLE ACCIDENT FORM

PLEASE PRINT (Fill Out Immediately)

C O U N T Y D R I V E R	NAME OF EMPLOYEE (First, Middle, Last)		WORK PHONE NUMBER			
	DRIVERS LICENSE NUMBER	RESTRICTION ON DRIVERS LICENSE, IF ANY (SO STATE)	LENGTH OF COUNTY SERVICE	AGE		
	DEPARTMENT		DEPARTMENT NUMBER	SOCIAL SECURITY NUMBER		
	CHECK ONE: <input type="checkbox"/> COUNTY EMPLOYEE <input type="checkbox"/> OTHER (DESCRIBE)					
	COUNTY VEHICLE NUMBER	VEHICLE LICENSE NUMBER	YEAR AND MAKE	MODEL		
	TYPE OF VEHICLE ASSIGNMENT <input type="checkbox"/> PRIVATE <input type="checkbox"/> POOL <input type="checkbox"/> DEPT'L <input type="checkbox"/> PERM (INDIVIDUAL)		PRESENT LOCATION OF VEHICLE <input type="checkbox"/> IN OPERATION <input type="checkbox"/> LOGS GARAGE <input type="checkbox"/> T/A GARAGE <input type="checkbox"/> OTHER			
	PURPOSE OF TRIP		DESCRIBE DAMAGE TO YOUR (COUNTY) VEHICLE			
	DATE AND TIME OF ACCIDENT OR LOSS / / : : <input type="checkbox"/> AM <input type="checkbox"/> PM	LOCATION OF ACCIDENT		CITY		
	LAW ENFORCEMENT AGENCY	DID INVESTIGATING OFFICER COMPLETE AN ACCIDENT REPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO		ACCIDENT CASE NUMBER		
	HAVE YOU COMPLETED THE COUNTY DEFENSIVE DRIVER PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO		DESCRIBE YOUR INJURY <input type="checkbox"/> NONE			
O T H E R D R I V E R	NAME OF OTHER DRIVER		VEHICLE #	DRIVERS LICENSE NUMBER	PHONE NUMBER	AGE
	STREET NUMBER AND NAME		CITY		STATE	ZIP
	REGISTERED OWNER OF VEHICLE (IF OTHER THAN DRIVER)		VEHICLE INSURED BY			
	STREET NUMBER AND NAME		CITY		STATE	ZIP
	OTHER VEHICLE LICENSE NUMBER	YEAR AND MAKE		MODEL		
	BRIEFLY DESCRIBE DAMAGE TO OTHER VEHICLE/PROPERTY		DESCRIBE OTHER DRIVER INJURY <input type="checkbox"/> NONE			
	INJURED PERSON'S NAME			AGE	PHONE NUMBER	
	STREET NUMBER AND NAME		CITY		STATE	ZIP
	DESCRIBE INJURY <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> DOCTOR		PASSENGER VEHICLE <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3		PEDESTRIAN HIT BY <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	
	INJURED PERSON'S NAME			AGE	PHONE NUMBER	
STREET NUMBER AND NAME		CITY		STATE	ZIP	
DESCRIBE INJURY <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> DOCTOR		PASSENGER VEHICLE <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3		PEDESTRIAN HIT BY <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3		
WITNESS NAME			PHONE NUMBER			
STREET NUMBER AND NAME		CITY		STATE	ZIP	
WITNESS NAME			PHONE NUMBER			
STREET NUMBER AND NAME		CITY		STATE	ZIP	
WAS WITNESS INFORMATION CARD COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, EXPLAIN						

IF YOU WERE DRIVING A PRIVATE VEHICLE ON COUNTY BUSINESS, ANSWER THESE ADDITIONAL QUESTIONS:

ARE YOU AUTHORIZED TO DRIVE A PRIVATE VEHICLE ON COUNTY BUSINESS? YES NO

WHERE MAY VEHICLE BE SEEN (SHOP OR ADDRESS)?

CITY

REG. STERED OWNER OF VEHICLE (IF OTHER THAN EMPLOYEE)

PHONE NUMBER

STREET NUMBER AND NAME

CITY

STATE

ZIP

VEHICLE INSURED BY

POLICY NUMBER

COMPLETE AS SOON AFTER THE ACCIDENT AS POSSIBLE

CONDITIONS:

A DRY

B WET

C SNOWY/ICY

D SLIPPERY (MUDDY OIL, ETC.)

WEATHER:

A CLEAR

B CLOUDY

C RAINING

D SNOWING

E FOG

F OTHER

ROAD SURFACE:

LIGHTING:

1. USE THE SYMBOLS BELOW TO COMPLETE THE DIAGRAM.
2. GIVE STREET NAME, DIRECTIONS, AND LOCATIONS OF OBJECTS INVOLVED.
3. SKETCH IN ANY OTHER SIGNIFICANT OBJECTS OR LANDMARKS.
4. PUT NORTH ARROW ON DIAGRAM — **N**
5. NUMBER EACH VEHICLE (MAKE YOURS #1) AND SHOW DIRECTION OF TRAVEL BY ARROW.

CAR #1

COUNTY VEHICLE (YOURS)

PATH OF VEHICLE BEFORE ACCIDENT

PATH OF VEHICLE AFTER ACCIDENT

— (2) —

VEHICLES

x POINT OF IMPACT

△ PEDESTRIAN

⊙ STOP SIGN

⊞ SIGNAL

⚓ RAILROAD

Ⓜ MOTORCYCLE

OR BIKE

NARRATIVE EXPLANATION OF ACCIDENT

Please write legibly. Explain in your own words what happened, use extra pages if necessary.

I certify that the information in this report is to the best of my knowledge true and correct.

Date

Signature of
County employee

Signature of
Immediate Supervisor



IF VEHICLE IS DISABLED

Telephone Vehicle Operations for assistance/instructions:

SANTA BARBARA: 681-5571

LOMPOC: 735-7039

SANTA MARIA: 934-6120

After hours or on weekends telephone Sheriff's dispatcher

SANTA BARBARA: 681-4100

LOMPOC: 737-7737

SANTA MARIA: 934-6150

OUT OF COUNTY ONLY: Repairs under \$100.00 required to permit safe travel home may be charged on County Chevron or MasterCard or paid out-of-pocket for reimbursement. Itemized Billings must be submitted to Vehicle Operations regardless of method of payment. If repair estimate is \$100.00 or more, telephone Vehicle Operations for instructions - - do not proceed with repairs over \$100.00 unless authorized to do so!!

VEHICLE ACCIDENT INFORMATION INSIDE ENVELOPE

COUNTY OF SANTA BARBARA VEHICLE ACCIDENT REPORT

WHAT TO DO IN CASE OF AN ACCIDENT:

1. Do not move your vehicle unless:
 - a. The accident is minor and the traffic is heavy.
 - b. Your vehicle represents a serious hazard to vehicles.
2. Find out if anyone is injured.
3. Set flares or other warning devices.
4. Call police.
5. Obtain witness information. Ask witnesses to complete card.
6. Do not discuss the accident with anyone except:
 - a. The investigating officer.
 - b. County insurance adjuster.
 - c. Your immediate supervisor.
7. Do not admit responsibility/liability for the accident.
8. Sign nothing except the Police Accident Report and citation if necessary.
9. Complete entire accident report by end of workday and take it to your supervisor.
10. Report INJURY ACCIDENTS by phone to Risk Management at 668-2640. Department is to submit this report to Risk Management, 123 E. Anapamu Street, Third Floor, Santa Barbara, CA 93101-2036:
 - a. Immediately if accident involves a serious personal injury.
 - b. Within 24 hours in case of minor (and other) accidents.
 - c. On the first working day after a weekend or holiday.

INSURANCE COVERAGE:

1. The County is self-insured as described under Moor Vehicle Code Section #13021 and #13051. Law enforcement agencies should be aware that all Santa Barbara County vehicles with "E" plates are covered in this manner.
2. Other drivers/property owners who may wish to file a claim with the County as a result of an accident should contact General Services/Risk Management at 668-2640.