MASSACHUSETTS DEPARTMENT OF CORRECTION

103 DOC 122

VEHICLE USAGE AND CONTROL

TABLE OF CONTENTS

| 122.01 | Definitions |
|------------------|---|
| 122.02 | Operators of State Vehicles |
| 122.03 | State Vehicles4 |
| 122.04 | Use of Private Vehicles5 |
| 122.05 | Seat Belts6 |
| 122.06 | Documentation |
| 122.07 | Accidents |
| 122.08 | Out-of-State Travel8 |
| 122.09 | Stolen Vehicles9 |
| 122.10 | State and Local Motor Vehicle Laws and Regulations9 |
| 122.11 | Parking Tickets10 |
| 122.12 | Preventative Maintenance11 |
| 122.13 | Overnight Travel12 |
| 122.14 | Domicile Travel12 |
| 122.15 | Internal Revenue Service Reporting12 |
| 122.16 | Confidential Registration13 |
| 122.17 | Inventory |
| 122.18 | Purchase of Vehicles14 |
| 122.19 | Vehicle Control14 |
| 122.20 | Motor Pool |
| 122.21 | Designated Vehicles17 |
| 122.22 | 1-800 "How am I Driving Program"18 |
| 122.23 | Emergencies18 |
| Attachment | 1 Executive Order 241, Replica19 |
| Attachment | 2 OSD Policy and Procedures Manual (Not available) |
| Attachment | 3 Blank Form MVMB-36, "Accident Report" (Not available) |
| Attachment | : 4 Blank Form OSD-10, "Overnight Travel"22 |
| Attachment | 5 Blank Form TAF, "Travel Out of State"23 |
| | 6 Vehicle Maintenance Record25 |
| Attachment | 7 Blank Form OSD-IRS, "Certificate of Motor Vehicle Use" |
| Attachment | 8 Blank Form OSD-CC, "Request for |
| 1100000111100110 | Confidential/Conventional Registration" |
| Attachment | 9 Vehicle Inspection Sheet |
| | 10 Vehicle Driver's Log |
| | 11 Motor Pool Monthly Vehicle Inspection Sheet30 |
| | 12 Request for Disposal/Turn in of Vehicle |
| | 13 Master Institution Trip Log |
| | |

| MASSACHUSETTS | DIVISION: Deputy Commissioner, |
|-------------------------------------|--------------------------------|
| DEPARTMENT OF CORRECTION | Prison Division |
| TITLE: VEHICLE USAGE AND CONTROL | NUMBER: 103 DOC 122 |

- **Purpose:** To establish Department of Correction ("Department") Policy concerning the use and control of motor vehicles owned or operated by the Department.
- **References:** These regulations are issued pursuant to M.G.L. Chapter 90 § 7A; M.G.L. Chapter 124, § 1 (c), & (g).

Applicability: Staff Public Access: Yes

Location: Department Central Policy File Each Institution's Policy File Central Transportation Unit's Policy File

Responsible Staff for the Implementation and Monitoring Of Policy:

- Director of the Central Transportation Unit
- Superintendents

Effective Date: 02/22/2017

- Cancellation: 13 DOC 122.00 cancels all previous Department policy statements, bulletins, directives, orders, notices, rules and regulations regarding vehicle usage; to the extent they are inconsistent with this policy.
- Severability Clause: If any part of 103 DOC 122.00 is for any reason held to be in excess of the authority of the Commissioner such decisions shall not affect the validity of any part of this policy.

122.01 Definitions

Commissioner: The Commissioner of Correction.

<u>Confidential Registration</u>: State vehicle with a private state plate issued by the Department of Motor Vehicles to protect the identification of the operator.

Department Duty Station: The station within the Department through which all significant occurrences shall be reported twenty-four (24) hours per day, seven (7) days per week. The Duty Officer Station is located within the Bay State Correctional Center.

<u>Director of Administrative Services</u>: The unit director who reports directly to the Deputy Commissioner of the Administrative Services Division whose responsibilities include the oversight of Fiscal Services.

Director of State Transportation: The unit director who reports directly to the Deputy Commissioner of the Prison Division whose responsibilities include, but are not limited to, the management of the Central Transportation Unit ("CTU") and the Vehicle Maintenance Program.

<u>Duty Officer</u>: Those individuals designated as Department Duty Officer who shall ordinarily be responsible to work approximately fourteen (14) calendar days or two tours of duty per year in this capacity as designated by the Deputy Commissioner Prison Division. These individuals during their tour of duty evaluate information provided by a facility to the department duty station of an incident that occurred during non-business hours. The Duty Officer coordinates and ensures appropriate action has been taken and directs any follow-up that may be needed.

<u>General Issue Keys</u>: Any key ring with no designated restriction in accordance with 502.08 (5) and issue requirements in accordance with 502.09 (6). They are coded white on the main key board and can be issued to any staff member. (The references to 502 are incorrect.)

Head Farmer: The staff member who oversees growth, harvest, and production of food stuffs at institutions who have such operations.

<u>Institution Duty Officer:</u> The staff person assigned by the Superintendent who is responsible to evaluate information received from the institution during off duty hours, coordinate and ensure appropriate action has been taken, and direct any follow-up that may be needed. Operational Services Division (OSD) Fleet Administrator: Manager within the OSD assigned to procure, manage and maintain all vehicles for state agencies with/in the Commonwealth of Massachusetts.

<u>Superintendent</u>: The chief administrative officer of a state correctional institution.

<u>Special Unit Director</u>: Staff members responsible for the administration and daily operation of the various divisions throughout the Department.

<u>Central Transportation Unit Dispatcher</u>: Staff member assigned to send, receive, and record all radio communications at the CTU.

<u>Security Vehicles</u>: Any Department vehicle equipped with a secure inmate containment system.

<u>Motor Pool</u>: Vehicles available for all Department employees for the performance of their duties if their work assignment for the day calls them away from their permanent work location.

Department Gassing Facilities: Fueling stations owned and operated by the Department located at North Central Correctional Institution (NCCI), the MCI-Concord Warehouse, CTU in Norfolk, the Bridgewater Complex Storehouse, and MCI-Cedar Junction.

<u>1-800 "How am I Driving" program</u>: A sticker displayed on the left rear bumper of all unmarked Department vehicles that display a State Plate, with the exception of security vehicles utilized to transport inmates and surveillance vehicles, to encourage citizens to dial the 1-800 number to provide positive and negative comments on the driving of any state employee.

122.02 Operators of State Vehicles

- 1. With the exception of certain vehicles intended for use in growing, harvesting or production of food stuffs, or in conjunction with vehicles maintenance activities, state vehicles may only be operated by an employee. The employee must possess a valid license of the correct type and class to operate a motor vehicle.
- 2. The Head Farmer at a Department institution containing facilities or land to grow, harvest or produce food stuffs, may make recommendations to the Superintendent concerning those inmates whom the Head Farmer believes should have the authority to operate certain farm vehicles. The

Superintendent, or his/her designee, shall designate in writing those inmates who may be permitted to operate such vehicles. The Head Farmer charge of or the employee in the vehicle maintenance activities for the institution or division shall ensure that documented training is conducted in the safe operation of such vehicles. State vehicles shall not be operated on the public ways of the Commonwealth by inmates.

3. Superintendents and Special Unit Directors shall written procedures detailing develop those occasions under which inmates may be permitted to operate state vehicles in conjunction with vehicle maintenance procedures. The Superintendent or Unit Director, or their respective Special designees, shall periodically review the listing of such inmates and shall indicate their approval of the listing in writing at least on an annual basis. Inmates allowed to test drive vehicles may not operate state vehicles on public ways of the Commonwealth, nor shall they be permitted to leave the confines of state correctional institution property.

122.03 State Vehicles

State vehicles shall only be used by employees to conduct Department business. Operator employees must possess a valid driver's license. Due to liability considerations, consultants or intern contractors are prohibited from using state vehicles unless a waiver is granted by the Operational Services Division (OSD), Fleet Administrator. A state owned, leased or rented vehicle may never be used for personal reasons.

All receipts for fuel received when using State issued gas cards shall be forwarded to the respective fiscal office on a monthly basis. If receipts are not available then the users with the card issued shall sign an attestation that the fuel was received by them in their official course of business.

The use of a state vehicle to commute between work site and personal dwelling shall only be allowed in those situations outlined in paragraph 103 DOC 122.12, <u>Overnight Travel</u> or paragraph 103 DOC 122.13, <u>Domicile</u> <u>Travel</u>. Employees may not at any time carry any passenger not affiliated with the employee's Department business use of the vehicle. Superintendents and Special Unit Directors shall develop written procedures to ensure that prior to a vehicle being utilized, the vehicle is inspected for security issues, and mechanical issues i.e. lights and gas, and proper documentation (see 103 DOC 122.05).

All security vehicles provided to transport inmates that are medium or maximum security level shall require that the rear side windows be disengaged to remain in the up position.

Security Bars should be attached to rear side windows to prevent inmate passengers from kicking glass out of the door.

All security vehicles provided for medium or maximum security level inmate passengers shall have a security screen between front and rear seats that is ventilated at least by half.

122.04 Private Vehicles

- 1. <u>Authorized Use</u> Employees may obtain prior authorization from Department Heads, the Director of the CTU, Superintendents or their designees to use privately owned vehicles for official business, subject to the following conditions:
 - a. Motor Pool Employees must first attempt to obtain a vehicle from the Department Motor Pool.
 - b. <u>Transportation of Inmates</u> Under no circumstance shall a private vehicle be used for inmate transportation.
 - Insurance Liabilities Any use of private c. vehicles for official business shall be strictly at the risk of the operator of the vehicle. The Department shall assume no liability for damages to the vehicle or other related costs, if any, in connection with the of private vehicles other than use any liability occurring Commonwealth to the pursuant to the Tort Claims Act, M.G.L., Chapter 258, or the Workmen's Compensation Laws, M.G.L., Chapter 152, § 26 and 69. In the event of an accident using a private vehicle on official state business, the accident shall

be reported to the individual who authorized the use of the private vehicle.

d. Travel Expense Reimbursement - If an employee verified a motor pool vehicle has is unavailable and has received prior approval, they shall be reimbursed for expenses incurred for authorized use of their private motor vehicles at the approved rate of their respective bargaining agreement. Management Employees shall be reimbursed for authorized of their private motor vehicles in use accordance with the Rules Governing Paid Leave and Other Benefits for Managers and Confidential Employees (Red Book). The employee must complete a Reimbursement Form and submit the form to the appropriate fiscal office for payment. Employee Reimbursement Forms shall be completed and submitted in accordance with procedures issued by the Director of Administrative Services and must be submitted on a monthly basis. Employee Reimbursement form can be found on the Department intranet page under applications on line forms.

122.05 Seat Belts

Pursuant to Executive Order 241, (Attachment 1), all state employees and their passengers must use seat belts when traveling in state vehicles. Exceptions may be granted for the transportation of those persons who would be unable to release themselves from any form of passenger restraint due to physical disability or those persons being transported under the provisions of 103 DOC 530, <u>Inmate Transportation</u>, where it would be reasonable to assume that they would be unable to release themselves from passenger restraints. All inmates in a state vehicle that are not in restraints must use the seatbelts. The operator of the state vehicle shall visually confirm that unrestrained inmates have the seatbelt engaged prior to moving the vehicle.

All inmates traveling in vehicles equipped with the officer safety belt system must be secured with the seat belt system prior to moving the vehicle.

122.06 Documentation

Superintendents and Special Unit Directors shall develop written procedures to ensure that all Department vehicles have the following documents in the vehicles at all times:

- 1. State registration
- 2. Driver log
- 3. OSD Policy and Procedures Manual(Attachment 2)
- 4. Blank accident report (Attachment 3)

If applicable, the vehicle must also carry:

- 1. A completed overnight travel authorization form, OSD-10 (Attachment 4)
- 2. Confidential registration (if applicable)
- 3. Standard state plate (if confidential registration authorized)

122.07 Accidents

- 1. If physically able, any employee involved in an accident while operating a state vehicle, whether or not the state vehicle was damaged, shall fill out an accident report. In addition, the employee shall contact the Superintendent, Special Unit Director, or their respective designee as soon as possible, unless the operator is incapacitated due to injury. In the event the accident occurs during other than business hours, the operator shall contact the Department Duty Station or Institution Duty Officer as appropriate, unless incapacitated due to injury.
- 2. At the scene of the accident, the employee shall:
 - Call for medical assistance if necessary, using the Department security radio network mobile radio, if available, or by telephone;
 - b. Call for additional security assistance in the event inmates are being transported, using the Department security network mobile radio, if available, or by telephone;
 - c. Notify the institution or the CTU dispatcher via the Department security network mobile radio, if available, and request that state or local police be notified as appropriate;
 - d. Obtain all information necessary to fully complete the accident report;
 - e. If towing is required for the state vehicle,

the Director of the CTU, or his/her designee, shall be notified.

- 3. At the scene of the accident, the employee shall not:
 - a. Argue, make accusations or admit guilt;b. Sign anything, or make any promises.
- 4. Any inmate passengers are to be examined by appropriate Department medical personnel following any accident, whether or not they reported any injuries. Copies of the medical reports shall be attached to any accident or incident reports filed.
- 5. The Superintendent or Special Unit Director, or their respective designee, shall ensure that the Director, Administrative Services, and the Director of the CTU, or their respective designee are telephonically notified within one (1) business day of any accident involving a state vehicle.
- The Superintendent or Special Unit Director shall б. develop written procedures to ensure that an original copy of all accident reports, employee incident reports regarding the accident, and medical examinations of inmates following the accident, are submitted to the Director of the CTU within five (5) business days. Any and all correspondence received by a Superintendent or Special Unit from insurance companies regarding any accident involving a state vehicle shall be forwarded by the Superintendent or Special Unit Director, to the Director of the Central Transportation Unit within five (5) business days. The Director of the CTU or his/her designee shall ensure that copies of all accident reports involving an excess of \$1,000 property damage to a state vehicle, injury or death to any party, or potential claim against the Commonwealth, are forwarded to the Deputy Commissioner of the Administrative Services and the Department's General Counsel as soon as possible.

122.08 Out Of State Travel

Out of state travel in a state vehicle is permitted only with a pre-approved Travel Authorization Form (hereinafter "Form TAF"), (Attachment 5). For out of state travel for the purpose of attending a conference or

training, a completed Form TAF must be submitted to the Director of Administrative Services at least forty-five (45) days before planned travel. Those vehicles assigned members the of, Department's to Investigations/Apprehension Unit and the CTU shall be exempt from the advanced notification requirements only of this section. The Chief, Investigations/Apprehension Unit, and the Director of the CTU or their respective designees shall ensure that notification is provided to the Director of Administrative Services as soon as practicable in the event a vehicle assigned to their Unit or Division has been required to travel out of state. All submissions of Form TAF for out of state travel shall be made in accordance with procedures issued by the Director of Administrative Services.

122.09 Stolen Vehicles

- 1. Stolen vehicles shall be reported immediately. During business hours, the report shall be made to the Superintendent, Special Unit Director or their respective designee. During other than normal business hours, the report shall be made to the Department Duty Station or institution duty officer, as appropriate. The Superintendent, Special Unit Director, or their designee shall ensure that appropriate law enforcement agencies have been notified to include the Governor's Anti-Theft Unit at 781-393-1200.
- 2. No later than the next business day, the Superintendent, Special Unit Director or their designee shall ensure that the Director of the CTU is notified of the theft of any vehicle. The Director of the CTU or his/her designee shall ensure that the Fleet Administrator, OSD is notified of the theft within two (2) business days of the theft.
- In the event the vehicle is recovered, the same notifications shall be made, utilizing the same time frames.

122.10 State and Local Motor Vehicle Law and Regulations

1. <u>Operating under the influence</u>: Any employee arrested for, or charged with, operating a vehicle, whether a state vehicle or not, under the influence of alcohol or other illegal substances and subsequently temporarily loses his/her driver's license, shall lose all privileges to operate a state vehicle pending the outcome of the trial. In the event the operator is convicted of operating under the influence of alcohol or other illegal substances, and the operator was driving a state vehicle at the time of the offense, the employee shall permanently lose his/her privileges to drive a state vehicle. This policy statement is not subject to appeal and there shall be no exceptions. Additionally, any employee convicted of operating a state vehicle under the influence of alcohol or other illegal substance may be subject to disciplinary actions, up to including and termination.

- 2. Traffic violations including speeding tickets: The Department does not pay nor reimburse the payment of traffic violations incurred by operator employees of state vehicles or operators of nonstate vehicles being used for state business. These monetary penalties are the personal responsibility of the employee. Employees are responsible for promptly paying any fines.
- 3. <u>Annual Safety Inspection</u>: Superintendents and Special Unit Directors shall develop written procedures to ensure all motor vehicles undergo an annual safety inspection by qualified individuals as required Pursuant to M.G.L. chapter 90, § 7A.
- 4. <u>Tolls</u>: Superintendents and Special Unit Directors shall develop written procedures for issuance and tracking of Fastlane Transponders. In the event that a state vehicle is not equipped with a Fast Lane Transponder. The operator shall pay the toll and be reimbursed by the Department for the amount of the toll paid. Receipts shall be kept of all toll payments.
- 5. <u>Toll Violations</u>: The Department does not pay nor reimburse the payment of toll violations incurred by employees of state vehicles or operators of nonstate vehicles being used for state business. These monetary penalties are the personal responsibility of the employee. Employees are responsible for promptly paying any fines.
- Unless authorized by the Superintendent/Director, vehicle emergency equipment shall not be used, except in cases of emergency. Employees utilizing

vehicle emergency equipment are subject to provisions M.G.L.c.89, §7B. All uses of emergency equipment shall be documented in an incident report.

122.11 Parking Tickets

The Department does not pay nor reimburse the payment of parking violations incurred by operator employees of state vehicles or operators of non-state vehicles being used for state business. These monetary penalties are the personal responsibility of the employee. Employees are responsible for promptly paying any fines.

122.12 Preventative Maintenance

- 1. Each Superintendent and Special Unit Director shall develop procedures to ensure that preventative maintenance is performed on all Department vehicles in accordance with the following schedule, (Attachment 6): Superintendents and Special Unit Director shall be responsible to monitor vehicles utilizing the Fleet Management database and ensure that the service is performed.
- Every Four(4) months or 5,000 miles:
 a. change engine oil and filter;
 b. lubricate chassis.
- 3. Every 10,000 miles: a. Inspect tires and rotate if needed; b. check charging system; c. check and clean battery.
- 4. Every 15,000 miles: a. inspect automatic transmission fluid; b. inspect brake pads/shoes/rotors/drums/brake lines and hoses, and parking brake system; c. inspect engine cooling system and hose; d. inspect steering linkage, suspension and if equipped drive shaft and ball joints; e. replace cabin air filter, if equipped.
- 5. Every 30,000 miles: a. inspect exhaust system and shields;

- b. replace engine air filter;
- c. replace fuel filter.
- 6. Every 50,000 miles:a. change transmission fluid and filter;b. change PCV valve.
- 7. Every 100,000 miles:
 - a. complete tune up;
 - b. replace spark plugs;
 - c. replace plug wires, if needed;
 - d. inspect ignition system.
- 8. Documentation of completion of preventative maintenance as well as of immediate completion of safety repairs shall be maintained in the Fleet Management database and a hard copy shall be maintained on file at the Norfolk garage site. Superintendents and Special Unit Directors shall develop written procedures to ensure that vehicles are not used again until safety repairs are made.

122.13 Overnight Travel

- 1. An employee may be permitted to drive a state vehicle home on a given day if the Department business of the employee requires that he attend a meeting or perform other work outside the office either after regular hours on the given day, or before regular office hours the following morning.
- 2. The use of state vehicles for occasional overnight travel requires the prior written approval of the Superintendent, Special Unit Director, or their respective designee, using form OSD-10 (Attachment 4). The approved form shall be held by the Superintendent, or Special Unit Director. A copy of the form shall be kept with the vehicle during the relevant period.

122.14 Domicile Travel

In limited situations, an employee may be authorized to use a state vehicle for domicile travel when the nature of an individual's duties requires it. The Superintendent or Special Unit Director shall submit a request in writing to the Department of Correction Fleet Administrator stating in detail the reason that an employee requires the use of a state vehicle for domicile travel. The Fleet Administrator shall forward the request to the Deputy Commissioner of the Prison Division who shall make a recommendation to the Commissioner. The Commissioner shall be the sole authority to approve or disapprove such requests.

122.15 Internal Revenue Service Reporting

- Federal law requires employers, including the Commonwealth of Massachusetts, to include "fringe benefit income" on annual W-2 forms submitted to the IRS for each employee. Such fringe benefit income includes an amount reflecting an employee's use of any "employer provided vehicle for commuting".
- Employer provided vehicles include state owned or 2. leased vehicles or those provided to state employees by a contractor in connection with a state contract. The Internal Revenue Service provides exemptions for use of employer provided vehicles; it defines as a "qualified non-personal vehicle". use Employees who have questions regarding these exemptions are advised to contact their tax advisor. Two (2) specific exemptions include law enforcement and fire vehicles.
- 3. All state employees who have used an employer provided vehicle to commute a minimum of fifteen (15) commutes, either as a driver or passenger, at any time during the calendar year must be listed on the Certification of Motor Vehicles Use form OSD-IRS, (Attachment 7).

The certificate shall be submitted to the Director, Administrative Services, who shall forward it to OSD by the OSD due date. A copy of the "Summary Certification for Department of Employee Motor Vehicle Use" shall be forwarded to the Department's Division of Human Resources Payroll Director in order for payroll earnings to be adjusted via the Human Resources Computer Management System.

122.16 Confidential Registration

1. Each Superintendent or Special Unit Director may request that a vehicle assigned to his/her unit be supplied with confidential plates and registration. Requests for such plates will only be considered if they are necessary for undercover investigatory work or to protect the physical safety of personnel using the vehicle. The request must be submitted to the Director of the CTU, using form OSD -CC (Attachment 8). The Director of the CTU shall forward such request to the Deputy Commissioner of the Prison Division. Upon approval by the Commissioner and the Under Secretary of Public Safety, the Director of the CTU or his designee shall ensure that the form is processed by the OSD, Fleet Administrator. The Director of the CTU shall ensure the pick up and delivery of confidential plates and registration when received from the Registry of Motor Vehicles.

- 2. The confidential registration shall be valid for two (2) years. If the Superintendent or Special Unit Director wishes to renew the confidential registration, they shall submit a request at least thirty (30) days before the expiration date. The procedures shall be followed in order to renew a registration. In the event the confidential registration should expire before the renewal process has been completed, the confidential plate shall be removed and replaced with the standard state plate until the renewal has been received.
- 3. All vehicles with confidential registration shall simultaneously have state registration and state plate. The state registration and state plate shall be carried in the vehicle at all times.

122.17 Inventory

- 1. Each Superintendent or Special Unit Director shall ensure that vehicles which are excess to needs or no longer serviceable are quickly removed from the institution's property. The Superintendent or Special Unit Director shall utilize attachment 12 to notify the Director of the CTU. The Director of the CTU shall be responsible for the removal of the vehicle and for transfer or disposal in accordance with the OSD Procedure.
- 2. The Director of the CTU shall send a monthly report to OSD of all vehicles assigned to the Department.

122.18 Purchase of Vehicles

All purchases of vehicles shall be approved in advance by the Director of the CTU. All purchase documents shall state that delivery is to be made to the CTU Fleet Maintenance Facility at MCI-Norfolk. The Director of the CTU, or his designee, shall ensure that a vehicle inspection is completed prior to acceptance by the Department.

122.19 Vehicle Control

Each Superintendent or Special Unit Director shall develop procedures for and designate one (1) employee to be the Vehicle Control Officer. This employee shall be responsible to:

- 1. Keep a record of all vehicles assigned to the institution or division. This record shall identify each vehicle and shall indicate the name of any employee using the vehicle, the date and time of issue, the date and time of return, the outgoing mileage, and the return miles as well as the purpose of the trip. (Maintain on File for three (3) years);
- 2. Ensure that an inventory and mileage of all vehicles assigned to the institution or unit is completed on a monthly basis and reported by the fifth day of each month. The Director of the CTU shall develop reporting mechanisms for this process.

a. For those Facilities/Divisions that are online with the Fleet Management database, the Vehicle Control Officer shall be responsible for entering odometer readings online.b. For those Facilities/Divisions not currently

online, the Vehicle Control Officer shall be responsible for submitting odometer readings to the CTU Service manager.

- 3. Ensure that all security vehicles have roof decal numbers that reflect the plate number of that vehicle.
- 4. Inspect all vehicles at least weekly and document.
- 5. Ensure that all proper paperwork is in each vehicle.
- 6. Ensure the preventative maintenance schedule is followed.

7. Develop and maintain a cleaning schedule for all vehicles.

122.20 Motor Pool

- 1. The Director of the CTU shall be responsible to maintain regional motor pools for the Department. Motor pools shall be located at:
 - a. Old Colony Correctional Center for the Bridgewater Complex;
 - b. Bay State Correctional Center for the Norfolk/ Walpole Complex;
 - c. Milford Headquarters;
 - d. MCI-Concord for the MCI-Concord/Northeastern Correctional Center Area;
 - e. Souza-Baranowski Correctional Center for the Shirley Complex;
 - f. MCI-Framingham for the Framingham/South Middlesex Correctional Center/Hodder House Complex.
- 2. The motor pool shall be available for all Department employees for the performance of their duties. The motor pool shall not be utilized by staff as a means to commute back and forth from a permanent work location. An employee is only authorized to utilize a motor pool vehicle if his/her work assignment for the day calls them away from his/her permanent work location.
- 3. Prior to a vehicle being assigned to a motor pool, a Vehicle Inspection Sheet (Attachment 9) shall be completed by the staff member accepting the vehicle.
- 4. The vehicle shall then be serviced to ensure proper maintenance of the vehicle is completed. The completed vehicle inspection sheet shall be forwarded to the Director of the CTU.
- 5. The keys for the vehicle shall be turned over to the locksmith for the area and a key ring shall be made and placed on a separate and distinct key board which provides easy viewing to determine whether Motor Pool vehicles are currently available.
- 4. Staff should contact the facility and give a seventy-two (72) hour advanced notice to request a vehicle. Superintendents of facilities with Motor

Pools shall develop written procedures for staff to reserve a vehicle in advance.

- 5. Each Facility is responsible for maintaining an Outer Control Motor Vehicle Log Book, which shall contain at a minimum the following information of the Staff Member requesting the vehicle:
 - a. Operators Name;
 - b. Vehicle number;
 - c. Destination;
 - d. Time Out;
 - e. Time In;
 - f. Signature of Operator;
 - g. Signature of issuing officer.
- 6 The driver of the vehicle shall be responsible to complete a Vehicle Driver's Log (Attachment 10). The log shall contain:
 - a. Start Date and Time;
 - b. End Date and Time;
 - c. Odometer Reading Start;
 - d. Odometer Reading End;
 - e. Beginning Location;
 - f. Destination; and
 - g. Driver.
- 7. When a staff member has temporary approval for overnight travel in accordance with 103 DOC 122.08 a copy of the form shall be submitted prior to taking the vehicle.
- 8. A vehicle gas card shall be available in the glove compartment of all motor pool vehicles. Staff utilizing the vehicles shall use the Department's gassing facilities as their primary source for gas.
- 9. The Vehicle Control Officer at each designated site shall be responsible to complete an inspection of all motor pool vehicles monthly utilizing the "Motor Pool Monthly Vehicle Inspection Sheet (Attachment 11). The completed form shall be forwarded to the Director of the CTU.
- 10. The Director of the CTU shall review the use of all vehicles to ensure the proper distribution of vehicles to the different regions.

11. The Director of the CTU shall ensure an audit is conducted on all motor pool vehicles on an annual basis.

122.21 Designated Vehicles

The Commissioner of Correction may authorize certain staff members or Divisions access to "designated vehicles" for official business only. These vehicles shall be assigned to a particular employee or Division for official business only. Employees or Divisions with "designated vehicle" authorization shall allow other staff members within the agency or division to utilize the vehicle when not in use for official business only. These vehicles should be located at the permanent work site of the employee or at the Division offices. Employees may request from the Commissioner of Correction in writing to locate the vehicle at an alternative site for easy access purposes if their work duties routinely call them away from their permanent work location.

122.22 1-800 "How am I Driving Program"

- 1. In accordance with the OSD's Policy and Procedures, all Department vehicles that display a State Plate, with the exception of security vehicles utilized to transport inmates and surveillance vehicles, shall display the State's "How am I Driving", 1-800 telephone number. The sticker shall be displayed on the left rear bumper. This sticker encourages citizens to dial the 1-800 number to provide positive and negative comments on the driving of any state employee. The OSD shall monitor all calls as outlined in the OSD Policy and Procedures.
- 2. When notified by the OSD, the Director of the CTU shall have ten (10) business days to investigate, identify the driver, and respond to the OSD.
- 3. If complaints continue to occur after this initial warning within the same fiscal year, the OSD's Fleet Administrator shall direct the Director of the CTU to revoke the driving privileges of the driver.

122.23 Emergencies

Whenever, in the opinion of the Commissioner, Deputy Commissioner or Superintendent of a state correctional institution, an emergency exists which requires suspension of all or part of these regulations, he/she may order such suspension provided that any suspension lasting beyond forty-eight (48) hours must be authorized by the Commissioner. THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE DEPARTMENT STATE HOUSE, BOSTON 02133

By His Excellency

MICHAEL S. DUKAKIS GOVERNOR

EXECUTIVE ORDER NO. 241

AN EXECUTIVE ORDER REGARDING THE USE OF SEAT BELTS BY STATE EMPLOYEES AND THEIR PASSENGERS IN STATE VEHICLES.

WHEREAS, the Commonwealth was founded upon the collective desire of her people to protect and preserve the lives of her citizens, and

WHEREAS, our society has grown to rely upon the automobile as a means of economic and recreational transportation, and

WHEREAS, national statistics demonstrate that one out of every five deaths occurring on the job are motor vehicle-related, and

WHEREAS, three out of four deaths occurring off the job are motor vehicle related, as are half of all serious injuries, and

WHEREAS, lap safety belts have been proven to reduce the likelihood of fatal injury for adults by 40% and lap/shoulder safety belts reduce the chance of death by more than 60%, and

WHEREAS, the chances of avoiding moderate or critical injuries in a crash improve 31% if a lap belt is worn and by at least 57% where a lap/shoulder belt is worn, and

WHEREAS, state employees who serve the Commonwealth are responsible individuals who pride themselves in maintaining the highest standards of personal concern for themselves and others, and

WHEREAS, the actions of employees of the Commonwealth exemplify a standard of personal behavior for the public at large;

NOW, THEREFORE, I, Michael S. Dukakis, Governor of the Commonwealth of Massachusetts, by virtue of the authority vested in me as Supreme Executive Magistrate, do hereby issue this Order as a necessary step to insure the safety of state employees and to set an example for the people throughout the state to travel safely upon the public ways.

ARTICLE I

It is the policy of the Commonwealth to require the use of safety belts by all state employees and their passengers when they are traveling in state-owned vehicles.

ARTICLE II

It is the policy of the Commonwealth to require the immediate report of the malfunction or absence of safety belts in state vehicles to the Director of Motor Vehicle Management for the Commonwealth.

ARTICLE III

The Secretary of Administration and Finance, in consultation with the Secretary of Public Safety, shall promulgate such regulations, including appropriate sanctions, as shall be deemed necessary to fulfill the purposes of this executive order.

This Order shall take effect immediately.

Given at the Executive Chamber in Boston this 21st day of June in the year of our Lord one thousand nine hundred and eighty-four, and of the Independence of the United States of America two hundred and nine.

MICHAEL S. DUKAKIS GOVERNOR Commonwealth of Massachusetts

MICHAEL JOSEPH CONNOLLY SECRETARY OF THE COMMONWEALTH

GOD SAVE THE COMMONWEALTH OF MASSACHUSETTS

Attachment 2

OSD Policy and Procedures Manual NOT ATTACHED

Attachment 3

Motor Vehicle Crash Operator Report NOT ATTACHED The Commonwealth of Massachusetts Department of Procurement and General Services' {Operational Services Division

OVERNIGHT TRAVEL Form OSD-10

| Driver's Name: Number: | Driver's License | | | | | |
|--|-----------------------------|--|--|--|--|--|
| Agency:Stat Travel Destination: Dates of Travel: | Phone Number: | | | | | |
| Justification for Overnight Use: | | | | | | |
| The Vehicle will be Parked During Off-Duty Periods | at the Following Locations: | | | | | |
| Circle One: Garaged Driveway Street | | | | | | |
| Signature of Operator: | _Date: | | | | | |
| Signature of Agency Head: | _ Date: | | | | | |
| FOR OVM USE ONLY: Dispatcher Initials: Authorized Cars Only | | | | | | |

THE ORIGINAL OSD FORM-10 MUST BE KEPT ON FILE IN ADDITION, A COPY OF THE APPROVED FORM MUST BE KEPT IN THE VEHICLE AT ALL TIMES.



THE COMMONWEALTH OF MASSACHUSETTS

TRAVEL AUTHORIZATION FORM (Form TAF) Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

| 1. Date of Request: | 2. Travel Request #: | 3. Department/Divisio | | on | 4. DEPT/ORGN | I: 5. Approp | oriation No.: | |
|--|----------------------------------|-----------------------------|--------------|-------------------|----------------------|----------------------|---------------|--|
| 6. Name of Traveler(s): | | | Title(s): | | 8. Dat | tes of Travel: | | |
| | | | | | | | | |
| 9. Travel Itinerary and Ju Employee.) | ustification (If travel is pri | vately subsidized, statemen | t of purpose | e must include an | ticipated benefit to | the Commonwealth | and | |
| Supporting document | ation, ie. agendas or broc | hures, is attached. | | | | | | |
| | | | rivate | State/Federal | Personal | Other | | |
| 10. Estimated Expenses Transportation: (check all | | F | unds | Funds | Funds | Funds | | |
| 🗖 Taxi | ail 🔲 Bus e Personal 🔲 Rental | | | | | | | |
| Lodging: | | | | | | | | |
| Meals: | | | | | | | | |
| Other: (please list): Regi | stration | | | | | | | |
| Sub Total(s) | | | | | | | | |
| | Gi | rand Total | | | | | | |
| 11. Include names of all non-business compone | | ng family, friends or cow | vorkers) an | d how they will | pay. In additior | n, if the travel con | sists of a | |
| Not Applicable | | | | | | | | |
| 12. Privately Subsidize | | | | | | oplicable 🔲 | | |
| Name of Contact Persor Company: | 1: | | Describe | all activities of | fered and intent | to participate: | | |
| Address: | | | | | | | | |
| Business Activity: Telephone Number: | | | Relations | ship Between P | rivate Party and | the Commonweal | th: | |
| | | | | | _ | | | |
| 13. Certifications and A | uthorizations | | | | | | | |
| I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct. Signature of Traveler: Date: | | | | | | | | |
| I hereby certify that sufficient funds are available for the above described travel accommodations. Delegation from Secretary granted. Signature of Department Head or Designee: Title: Date: | | | | | | | | |
| Approved Di | isapproved Approv | red With Modifications - | Comment | s Attached | | | | |
| Signature of Cabinet Se | cretary: | | | | | Da | ite: | |

TRAVEL AUTHORIZATION FORM (Form TAF) - INSTRUCTIONS

Travelers should receive fare and rate estimates from the statewide contract travel agents. (See OSD Update 97-1, Statewide Contract for Travel Services, for contractor information) If travel is being subsidized, or partially subsidized by a private party, shaded areas must be completed to comply with 801 CMR 7.00. Travel itinerary and other details need only be completed to the extent that each Department's internal control policies are satisfied.

- 1. <u>Date of Request:</u> Date the form is executed by traveler.
- 2. <u>Travel Request #:</u> Departmental Fiscal Officer may insert internal control or sequence number for audit/tracking purposes.
- 3. <u>Department/Division</u>: Insert the name of your department and division.
- 4. <u>DEPT/ORGN</u>: Insert traveler's Departmental MMARS three-letter code and four-digit Organization Number.
- 5. <u>Appropriation Number</u>: Insert the appropriation number against which travel purchases are to be encumbered and expended.
- 6. <u>Name(s) of Traveler(s)</u>: List travelers if itineraries are the same, **EXCEPT in the case of privately subsidized travel**, where an individual form for each traveler is required.
- 7. <u>Title(s):</u> Position/Title of each traveler.
- 8. <u>Dates of Travel:</u> List the dates of travel.
- 9. <u>Travel Itinerary and Justification</u>: The traveler should provide the destination and a brief summary of the trip itinerary. State the sponsoring organization. To comply with 801 CMR 7.00, privately subsidized travel must be for an express benefit for the employee in an official capacity and for the Commonwealth. State what those benefits are. Supporting documentation may be attached.
- 10. Estimated Expenses:

<u>Private Funds</u>: Indicate the total funding for this trip on behalf of the state traveler from a private source pursuant to 801 CMR 7.00.

<u>State/Fed Funds</u>: Indicate the total funds that will be expended by the Department on behalf of the state employee traveler, either in direct payment to a travel service vendor, charge account vendor, or through employee reimbursements.

Personal Funds: Indicate the amount of personal funds that are to be used (required by 801 CMR 7.00).

<u>Transportation</u>: Include the total round-trip travel fare for a common carrier (air, rail bus, etc.). If using a personal vehicle, indicate the rate per mile that is reimbursable under the relevant provisions of current Collective Bargaining Agreements for union members or applicable Rules for non-union employees.

Lodging: Include the total hotel room and tax expenditure. Use more than one line if more than one hotel property is used.

<u>Meals:</u> Indicate the total reimbursable amount for meals. It is not necessary to break out the individual amounts for each meal. This will be accounted for in attached receipts and departmental internal control procedures.

<u>Other</u>: State type and expense of any anticipated expenses not otherwise named, such as telephone calls.

Sub Total: Total the dollar expenditure expected for each line.

<u>Grand Total</u>: List the grand total for the trip. (The sum of the sub totals for Private Fund, State/Fed Fund, Personal Fund and Other Fund.)

11. <u>Persons Accompanying Employee:</u> If other parties, including other state employees, are accompanying the traveler, state their name(s), Titles, and Relationship (whether a personal or business relationship).

<u>Non-Business Component of Travel:</u> Explain if personal travel will extend or is included in this trip, also if spouse, family, or others will participate, state briefly the nature of the travel. If not applicable, check "Not Applicable."

- 12. <u>Privately Subsidized Travel Information</u>: If this trip is being subsidized or partially subsidized by a private party, describe in the categories provided, the necessary information of the private party subsidizing the travel for official purposes, and explain what their connection is with the Commonwealth. If travel is not being privately subsidized, check "Not Applicable."
- 13. <u>Certifications and Authorizations:</u> This section has up to three signature requirements.
 - a) When Travel is privately subsidized, the Traveler must the sign the certification.
 - b) The Department Head or delegate should check the box indicating that he or she is authorized by the Cabinet Secretary to grant final approval for out-of-state travel, then <u>Approve</u>, <u>Disapprove</u>, or <u>Approve with Modifications</u> the travel request on this form. The Department Head may make changes to the document, or refer to the modifications to be made in the space provided as necessary.
 - c) The respective Cabinet Secretary must sign this form when privately subsidized travel is authorized. The Cabinet Secretary must also sign this form if general travel authorization is not delegated to the respective Department Head (see above).

Vehicle Maintenance Record

| | 5 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 1 |
|--------------------------------|---|---|---|---|---|---|---|---|----------|----------|----------|---|---|---|---|---|---|---|----------|
| Vehicle Number | 0 | 0 | 5 | 0 | 5 | 0 | 5 | 0 | 5 | 0 | 5 | 0 | 5 | 0 | 5 | 0 | 5 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Year & Make | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Model | | | | | | | | | | | | | | | | | | | 0 |
| Lube Oil & Filter | | | | | | | | | | | | | | | | | | | |
| 5,000 | | | | | | | | | | | | | | | | | | | |
| Check for Tire Rotation | | | | | | | | | | | | | | | | | | | |
| 10,000 | | | | | | | | | | | | | | | | | | | |
| Charging & Start Systems Check | | | | | | | | | | | | | | | | | | | |
| 10,000 | | | | | | | | | | | | | | | | | | | |
| Battery Clean & Check | | | | | | | | | | | | | | | | | | | |
| 10,000 | | | | | | | | | | | | | | | | | | | |
| Check Breaks | | | | | | | | | | | | | | | | | | | |
| 15,000 | | | | | | | | | | | | | | | | | | | |
| Check Cooling System | | | | | | | | | | | | | | | | | | | |
| 15,000 | | | | | | | | | | | | | | | | | | | |
| Change Fuel Filter | | | | | | | | | | | | | | | | | | | |
| 30,000 | | | | | | | | | | | | | | | | | | | |
| Change Air Filter | | | | | | | | | | | | | | | | | | | |
| 30,000 | | | | | | | | | | | | | | | | | | | |
| PVC Valve | | | | | | | | | | | | | | | | | | | |
| 50,000 | | | | | | | | | | | | | | | | | | | |
| Transmission Fluid & Filter | | | | | | | | | | | | | | | | | | | |
| 50,000 | | | ļ | ļ | | ļ | | | <u> </u> | <u> </u> | <u> </u> | | ļ | | | | | | <u> </u> |
| Major Tune up | | | | | | | | | | | | | | | | | | | |
| 100,000 | | | | | | | | | | | | | | | | | | | |

The Commonwealth of Massachusetts Department of Procurement and General Services' Office of Vehicle Management

CERTIFICATE OF MOTOR VEHICLE USE Form OSD-IRS

| Part A* | [*] -Usage | | | |
|---------------------|--------------------------------|-----------------------------------|----------------------------------|--------------------------------------|
| used a no Commor | on-exempt vel wealth of Ma | | ction with my employn e than: | to October 31, 200, I nent by the |
| Part B · | - Exemptior | l: | | |
| Check O | ne: | All | Some | |
| | ntinuing use o g requiremen | | ded vehicle in 200 | was exempt from IRS |
| | | | | |
| | | | | |
| | (Refer to the I | RS Publication - Business | s Use of a Car, for authori | zed exemptions.) |
| Signatur Employe | | | | |
| of | 0 | • the pains and penaltie , 200 | es of perjury this | day |
| | | | | |

This form must be returned by November 15, 200___ to: Operational Services Division, One Ashburton Place, Room 1017, Boston, MA 02108

FAILURE TO RETURN THIS FORM BY THE DEADLINE WILL AFFECT YOUR INCOME AS REPORTED TO THE IRS FOR 200_____.

* Everyone should fill out Part A of this certification. If you made no commutes in employer-provided vehicles, or if all of your commutes are exempt, please place a zero in the blank. Otherwise, list the number of non-exempt commutes you have made in employer-provided vehicles. Your W-2 will reflect this number multiplied by \$1.50.

The Commonwealth of Massachusetts Department of Procurement and General Services' Operational Services Division

CONFIDENTIAL/CONVENTIONAL REGISTRATION REQUEST Form OSD-CC

| Agency: Address: | | | |
|---------------------|-----------------|---------|--------------|
| Contact: | | | |
| Type Plate: | Conventional | | Confidential |
| Type of Request | New | Renewal | Transfer |
| Two-Year Period | Plate Required: | From | То |
| | | | |
| gency Head: | | Date: | |
| abinet Secretary: | | Date: | |
| SD Fleet Administra | ator | | Date: |
| pproved: | | Denie | d: |

Vehicle Inspection Sheet

| Date: | Location: | | | | | | | |
|---|------------------------------------|--|--|--|--|--|--|--|
| State Plate #: | Registration: yes no | | | | | | | |
| Confidential Plate #: | Registration:yesno | | | | | | | |
| Mileage: # Keys: | | | | | | | | |
| Make: Type: Yea | ar: VIN#: | | | | | | | |
| Vehicle Operation Manual Policy and Pro | ocedures: yes no | | | | | | | |
| Accident Reports: | no | | | | | | | |
| Daily Use Logs: yes | no no | | | | | | | |
| Gas Card: yes | no | | | | | | | |
| Tires (condition): 🗌 Excellent | Good Need replacing | | | | | | | |
| Clean: | | | | | | | | |
| | | | | | | | | |
| Damage: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| What service was done: | | | | | | | | |
| | | | | | | | | |
| Date services were completed: | | | | | | | | |
| | | | | | | | | |
| Staff Signature | Date | | | | | | | |
| Note: Submit a copy of this for | m (Vehicle Inspection Sheet) | | | | | | | |
| with the confidential plate and registration and any Fast | | | | | | | | |
| Lane transponders found in the vehicle to the Central | | | | | | | | |
| Transportation Unit in Norfolk. | , | | | | | | | |
| Investigations: Vehicles will | keep confidential plate on vehicle | | | | | | | |

Vehicle Driver's Log

 Plate #: _____

 VIN: _____

 Agency Assigned: ______

| Start Date/Time | End Date/Time | Odometer Reading Start | Odometer Reading End | Beginning Location | Destination | Driver |
|-----------------|---------------|---------------------------|-------------------------|--------------------|-------------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

This form must remain in the vehicle at all times.

Attachment 11

Motor Pool Monthly Vehicle Inspection Sheet

| Location: | | Date: |
|---|--|--|
| 1. Plate #: Make: Year: VIN: Condition: | Mileage: Model: | First Aid Kit: Yes I Fire Extinguisher: Yes I OSD Policy: Yes I Vehicle Driver's Log: Yes I |
| Service complete | d during month: | |
| 2. Plate #: Make: Year: VIN: | Mileage: Model: | |
| Condition: Service complete | ed during month: | Vehicle Driver's Log: 	Yes 	I |
| | | |
| 3. Plate #: Make: Year: VIN: Condition: Service complete | Mileage: Model: ed during month: | First Aid Kit: Yes I Fire Extinguisher: Yes I OSD Policy: Yes I Vehicle Driver's Log: Yes I |
| | | |
| 4. Plate #: Make: Year: VIN: Condition: Service complete | Mileage: Model: d during month: | First Aid Kit: Yes I Fire Extinguisher: Yes I OSD Policy: Yes I Vehicle Driver's Log: Yes I |
| | | |
| Vehicle Control | Officer: | |
| | | Signature |

Forward to Director of CTU monthly upon completion.

DEPARTMENT OF CORRECTION CENTRAL TRANSPORTATION UNIT

| Request for Disposal/Turn in of Vehicle | | | | | | | | | |
|---|--|--|-------------------------|--|--|--|--|--|--|
| From: | | | | | | | | | |
| | | Institutio | n/Division | | | | | | |
| | Authorized by, Superintendent or Fiscal Officer Only | | | | | | | | |
| Date: | | | | | | | | | |
| - | | to dispose of/turn in the nat the vehicle is: | e below listed vehicle. | | | | | | |
| No 1 | onger serviceat | ole, due to excessive mai | ntenance cost | | | | | | |
| Exce | ss to instituti | ion or division needs | | | | | | | |
| | | 1 | | | | | | | |
| I | PLATE | MAKE/MODEL/TYPE/YEAR | VIN NUMBER | | | | | | |
| | | | | | | | | | |
| Approved: | | | | | | | | | |
| Fleet Manager | | | | | | | | | |

Disposition:

January 2017

| | Auctioned: | - |
|----------|-------------------|-------|
| | _ Transferred To: | - |
| | Date: | - |
| Approved | | |
| | Superintendent | Date |

Master Institution Trip Log

Institution:

Week Ending: _____

| DATE | DESTINATION | TIME OUT | TIME IN | # OF COS | CO'S NAMES | TRIP TYPE | | ORIG.INST. | VEH.REG. | VEH. TYPE | MILAGE OUT | MILA IN |
|------------------|--------------|-------------|------------|-------------|---------------|--------------|---------|------------|----------|--------------|---------------|------------|
| | | 001 | Ξī | COD | | (1) | INMATED | | | (2) | 001 | ΞN |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (1) | TYPE OF TRIE | 2 | · | (2) | TYPE OF VEHIC | LE | | PREPARED | ВХ: - | | | |
| A- COURT | | | | A- BUS | | | 7 | | | | | |
| B- MEDICAL | | | B- VAN | | | | | | | | | |
| C- ESC. FURLOUGH | | | | C- SEDAN | | | 1 | | | | | |
| D- TRANSFER | | | | D- S | TATION WAGON | | | | | | | |
| Januar | y 2017 | | | | | | | 122 - 35 | | | | |

Attachment 13

Attachment 13 SUPERINTENDENT'S REVIEW &

SIGNATURE _____