

Attachment M

ARKANSAS STATE VEHICLE SAFETY PROGRAM

September 2017

ARKANSAS INSURANCE DEPARTMENT
Risk Management Division
1200 West Third Street
Little Rock, Arkansas 72201
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www.insurance.arkansas.gov



ARKANSAS STATE VEHICLE SAFETY PROGRAM

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I. PARTICIPATION IN THE VEHICLE SAFETY PROGRAM (VSP)

A. All State agencies participating in the Arkansas Multi Agency Insurance Trust Fund Vehicle Insurance Policy **shall** participate in the Arkansas State Vehicle Safety Program.

B. All drivers operating a state vehicle or private vehicle on State Business **shall** participate in the Arkansas State Vehicle Safety Program.

II. AUTHORIZATION TO OPERATE STATE VEHICLES AND PRIVATE VEHICLES ON STATE BUSINESS

A. All drivers **must** maintain a valid driver's license in accordance with the requirements of all applicable Arkansas State Laws. State Agencies should contact the Department of Finance and Administration-Revenue Division-Office of Driver Services, to determine the specific license that is required for the operation of each motor vehicle type and the license requirements for non-resident drivers. Contact information is provided on Page 11.

B. All drivers **must** complete and sign the *VSP-1 Authorization to Operate State Vehicles and Private Vehicles on State Business* on Page 5. All drivers should be provided with a copy of the *VSP-1* and the *Driving Safety Tips* on Page 10.

C. State Agencies **shall** maintain copies of form *VSP-1* for each of their authorized drivers.

1. Access to driving records for resident drivers will be provided through the SVS System (State of Arkansas website) through Information Network of Arkansas at <http://www.arkansas.gov/svs>

2. Contact information for Information Network of Arkansas is provided on Page 11. The original notarized *VSP-4 Agreement* on Page 8 and the *VSP-3 Agency Contact Information* on Page 7 **must** be returned to the Office of Driver Services before a user name and password will be issued allowing access to driving records through the website. Agencies will be notified by email on a weekly basis of any change in status of a current driver and the status of new drivers. *VSP-3 and VSP-4 must* be re-filed upon any change of agency director or contact.

3. Driving records for non-resident drivers may be obtained by sending form *VSP-2 Authorization to Obtain Traffic Violation Record* on Page 6 to the Department of Finance and Administration-Revenue Division-Office of Driver Services. Contact information is provided on Page 11. *Non-resident drivers should also complete VSP-1 for their agency records.* *VSP-2 must* be faxed to (501) 682-2075 every six months.

D. Administrative action is required as follows for points assessed by the Office of Driver Services for convictions of moving traffic violations. **Please refer to VSP-5 on Page 9 for documentation of Administrative Action for compliance of this section:**

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- 1. Drivers Who Have Accumulated 10 Through 13 Points On Their Current Traffic Violation Report** - Authorization to drive on state business **shall** be reviewed by the Agency Director. It is recommended that the driver be required to complete a Defensive Driving course approved by Agency Director. (The Agency Director refers to the employee's agency director.)
- 2. Drivers Who Have Accumulated 14 Through 17 Points On Their Current Traffic Violation Report** - Authorization to drive on state business **shall** be suspended for no less than five (5) working days. Authorization **shall** be reinstated only after evaluation and approval by the Agency Director. A Defensive Driving Course approved by Agency Director **must** be completed within sixty (60) days after the suspension began with written confirmation of course completion sent to Agency Director. (See item 6 for exceptions)
- 3. Drivers Who Have Accumulated 18 Through 23 Points On Their Current Traffic Violation Report** - Authorization to drive on state business **shall** be suspended for no less than ten (10) working days. Authorization **shall** be reinstated only after evaluation and approval by the Agency Director. A Defensive Driving Course approved by Agency Director **must** be completed within sixty (60) days after the suspension began with written confirmation of course completion sent to Agency Director. (See item 6 for exceptions)
- 4. Drivers Who Have Driving Privileges Suspended Or Revoked By The Office Of Driver Services - Shall Not Be Permitted To Drive On State Business For The Duration Of The Suspension Or Revocation.** Authorization **shall** be reinstated only after evaluation and approval by the Agency Director. Drivers with Restricted Permits May Be Authorized to Drive on State Business as Allowed by the Restricted Permit and only with the Agency Director approval.
- 5. Drivers Who Have Accumulated Over 24 Points On Their Current Traffic Violation Report** – Authorization to drive on state business **shall** be suspended for no less than twenty (20) working days. Authorization will be reinstated only after evaluation and approval by the State Insurance Commissioner. A Defensive Driving Course approved by Agency Director **must** be completed within sixty (60) days after the suspension began with written confirmation of course completion sent to Agency Director.
- 6. Drivers Who Receive a Ticket for Driving While Intoxicated (DWI), Driving Under the Influence (DUI), or any type Driving Without a License** – Authorization to drive on state business **shall** be suspended for no less than twenty (20) working days. Authorization may be reinstated only after evaluation and approval by the State Insurance Commissioner. A Defensive Driving Course approved by Agency Director **must** be completed within sixty (60) days after the suspension began with written confirmation of course completion sent to Agency Director.

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III. REPORTING ACCIDENT AND TRAFFIC VIOLATIONS

A. State Agencies are responsible for reporting all claims and accidents immediately to:

Bancorp South Insurance Services

Monday through Friday 8:00AM to 4:00PM Accident and Claims Reporting:
501-664-7705

After Hours Accident and Claims Reporting:
501-664-9252

B. Drivers must report **ALL** accidents and incidents while operating a State vehicle and/or driving on State business, in any vehicle, immediately to the State Agency. However, the driver **must** report all accidents immediately to the claims office listed above if the State Agency offices are closed. This includes rented vehicles and private vehicles used on official State business trips.

C. Drivers, or their State agency representative, are advised to comply with the Department of Finance and Administration Operating Rules and are reminded to complete the Arkansas Motor Vehicle Accident Report Form (SR-1) where applicable.

IV. AGENCY RECORDS

Agency records for the Vehicle Safety Program are subject to audit by the Risk Management Division.

V. DEFENSIVE DRIVING CLASSES

A. A Defensive Driving Course approved by the Agency Director **must** be completed within sixty (60) days after the suspension began, in accordance with Section II. D., and provide written confirmation of course completion to the Agency Director.

B. Drivers who have had an at-fault accident **must** attend a Defensive Driving Class within sixty (60) days following the occurrence with written confirmation of course completion sent to Agency Director.

VI. DRIVERS WHO ARE NOT STATE EMPLOYEES

This Safety Program **shall** apply to any driver who is not a State employee who operates a State owned motor vehicle.

VII. ADDITIONAL RULES

State Agencies may impose additional or more stringent requirements than those included in the State Vehicle Safety Program.

VIII. STATE OF ARKANSAS TRAVEL REGULATIONS

State Agencies are advised to comply with the current State of Arkansas Travel Regulations as promulgated by the Chief Fiscal Officer of the State in accordance with A.C.A §19-4-901.

IX. ASSESSMENT OF POINTS

All point values are assigned by Department of Finance and Administration-Office of Driver Services (DFA-ODS) for applicable convictions of moving traffic violations and subject to change. Please check with DFA-ODS for the most current schedule. Contact information is provided on page 11.

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***VSP-1
AUTHORIZATION TO OPERATE
STATE VEHICLES AND PRIVATE VEHICLES ON STATE BUSINESS***

The following must be completed and signed before authorization to drive on state business is granted:

Agency Code/Name: _____

Driver: _____

Date of Birth:	Last Name	First Name	Middle Initial Personnel #:

Drivers License Number: _____

Initial Each of The Following:

___ I understand that as permitted by A.C.A. § 27-50-906 (6)(A), the Office of Driver Services will notify my employer each time a new violation is added to my driving record. I also understand that my employer has access to my driving record through the SVS System (State of Arkansas Website) through Information Network of Arkansas.

___ I understand that because of my driving record I may not be permitted to drive on State business.

___ I will participate in all required Defensive Driving Classes.

___ I will report all accidents and incidents that occur on state business to my employer immediately and to BancorpSouth at 501-664-9252 (see Section III A).

___ I have received the *Driving Safety Tips* handout provided by my employer.

___ I understand that I must maintain liability coverage, as required by State Law, on my private vehicle(s) that I drive on State business.

___ I pledge to end distracted driving including but not limited to, use of a **“handheld wireless telephone” while operating a motor vehicle, in accordance with A.C.A. §27-51-1504.**

You are hereby authorized to obtain my Traffic Violation Record from the Office of Driver Services as permitted by A.C.A. § 27-50-906 and A.C.A. § 27-50-908. This record **shall** include material normally excluded by A.C.A. § 27-50-802.

Signature of individual appearing below shall constitute consent for the release of such records to the State agency named on this form.

Driver Signature: _____

Date: _____

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FOR NON-RESIDENT DRIVERS ONLY

VSP-2

***AUTHORIZATION TO OBTAIN TRAFFIC VIOLATION RECORD
FROM DEPARTMENT OF FINANCE AND ADMINISTRATION,***

OFFICE OF DRIVER SERVICES

Fax completed form to: (501) 682-2075

Agency Code/Name: _____

Agency Address: _____

Agency Contact Person: _____

Email Address: _____

Telephone Number: _____

You are hereby authorized to obtain my Traffic Violation Record from the Office of Driver Services as permitted by A.C.A. § 27-50-906 and A.C.A. § 27-50-908. This record **shall** include material normally excluded by A.C.A. § 27-50-802.

Signature of individual appearing below **shall** constitute consent for the release of such records to the State agency named on this form.

Driver Signature

Date

Driver

Personnel #

(Print)

Last Name

First Name

Middle Initial

Drivers License #

State

Date of Birth

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***VSP-3
AGENCY CONTACT INFORMATION***

Agency Code/Name: _____

Agency Address: _____

Contact Person: _____

Email Address: _____

Telephone Number: _____

In order to access driving records through the SVS System (Information Network of Arkansas Website) for the authorized drivers in your agency you **must** return the *original notarized VSP-4 Agreement* on Page 8 and the *VSP-3 Agency Contact Information* on Page 7 to:

Denise Yates
Office of Driver Services
Department of Finance and Administration
Charles D. Ragland Building
P.O. Box 1272, Room 1130
Little Rock, AR 72203
501- 682-7208
Denise.Yates@dfa.arkansas.gov

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VSP-4 AGREEMENT

WHEREAS, Arkansas Code Sections 27-50-900 through 27-50-1211 of Arkansas, provides that the Office of Driver Services, Revenue Division, Department of Finance and Administration, State of Arkansas, may furnish an abstract of a drivers record as maintained by said office, only to a person who has been authorized in writing by such driver to obtain the driver's record; and

WHEREAS, the undersigned periodically makes numerous requests for abstracts of driver's records in the course of the undersigned's business; and

WHEREAS, it is extremely expensive and cumbersome for the undersigned to duplicate and file and for the Office of Driver Services to receive and maintain each individual written authorization signed by such drivers in order for the undersigned to obtain an abstract of the driver's record;

NOW, THEREFORE, IN CONSIDERATION OF THE FOREGOING, THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOW:

- (1) (A) That the undersigned represents and warrants to the Office of Driver Services that every person, on whom a request for an abstract is made by the undersigned, shall have first given his or her consent to the release of such abstract, or

(B) That the undersigned represents and warrants to the Office of Driver Services that every person, on whom a request for an abstract is made by the undersigned, shall be insured or an applicant of any insurer licensed to do business in Arkansas, or its agents, employees, or contractors.
- (2) That the original written authorization signed by the driver on whom an abstract is requested, or a copy of thereof, shall be furnished by the undersigned to the Office of Driver Services upon request by the Office of Driver Services. This written authorization is to be kept on file with your company for a five year period.
- (3) If the undersigned is found to be in violation of the foregoing, the Office of Driver Services may thereafter require the undersigned to provide individual signed releases with each abstract hereafter requested by the undersigned.
- (4) The undersigned further agrees to indemnify and hold harmless the Office of Driver Services, Revenue Division, Department of Finance and Administration, State of Arkansas, for any liabilities and/or damages caused by virtue of the undersigned's breach of this agreement or the provision of Arkansas Code Sections 27-50-900 through 27-50-1211 of Arkansas.

Agency Name / Agency Number

Address

City State Zip

Phone

Fax

Agency Director Name (Print)

Agency Director Signature

Title

Email Address

Date

ACKNOWLEDGEMENT

STATE OF: _____

COUNTY OF: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.
Who proved to me on the basis of satisfactory evidence to be the person (s) who appeared before me. WITNESS by hand and official seal.

My Commission Expires: _____

Notary Public

Received and filed this _____ day of _____, 20_____.

Driver Services

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VSP-5

DRIVING PRIVILEGES NOTICE OF ADMINISTRATIVE ACTION

Administrative action is required as follows for points assessed by DFA – ODS according to the Arkansas Vehicle Safety Program *Item IX. Assessment of Points* for convictions of moving traffic violations:

1. **Drivers Who Have Accumulated 10 Through 13 Points On Their Current Traffic Violation Report -** Authorization to drive on state business **shall** be reviewed by the Agency Director. It is recommended that the driver be required to complete a Defensive Driving course approved by Agency Director with written confirmation of course completion sent to Agency Director.
2. **Drivers Who Have Accumulated 14 Through 17 Points On Their Current Traffic Violation Report -** Authorization to drive on state business **shall** be suspended for no less than five (5) working days and **will not drive on state business in a state vehicle or any other vehicle until notified in writing that driving privileges are re-instated.** Authorization **shall** be reinstated only after evaluation and approval by the Agency Director. A Defensive Driving Course approved by Agency Director **must** be completed within sixty (60) days after the suspension began with written confirmation of course completion sent to Agency Director.
3. **Drivers Who Have Accumulated 18 Through 23 Points On Their Current Traffic Violation Report -** Authorization to drive on state business **shall** be suspended for no less than ten (10) working days **will not drive on state business in a state vehicle or any other vehicle until notified in writing that driving privileges are re-instated.** Authorization **shall** be reinstated only after evaluation and approval by the Agency Director. A Defensive Driving Course approved by Agency Director **must** be completed within sixty (60) days after the suspension began with written confirmation of course completion sent to Agency Director.
4. **Drivers Who Have Driving Privileges Suspended Or Revoked By The Office Of Driver Services -** **Shall** not be permitted to drive on State business for the duration of the suspension or revocation. Authorization **shall** be reinstated only after evaluation and approval by the Agency Director. Drivers with restricted permits may be authorized to drive on State business as allowed by the restricted permit and only with Agency Director approval.
5. **Drivers Who Have Accumulated Over 24 Points On Their Current Traffic Violation Report –** Authorization to drive on state business **shall** be suspended for no less than twenty (20) working days **will not drive on state business in a state vehicle or any other vehicle until notified in writing that driving privileges are re-instated.** Authorization will be reinstated only after evaluation and approval by the State Insurance Commissioner. A Defensive Driving Course approved by Agency Director **must** be completed within sixty (60) days after the suspension began with written confirmation of course completion sent to Agency Director.
6. **Drivers Who Receive a Ticket for Driving While Intoxicated (DWI), Driving Under the Influence (DUI), or any type of Driving Without a Valid Drivers License** – Authorization to drive on state business **shall** be suspended for no less than twenty (20) working days. Authorization may be reinstated only after evaluation and approval by the State Insurance Commissioner. A Defensive Driving Course approved by the Agency Director **must** be completed within sixty (60) days after the suspension began with written confirmation of course completion sent to the Agency Director.

Administrative Action taken: ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6

Driver Name: _____ Personnel Number _____

I acknowledge receipt of this notification. If my driving privileges are suspended or revoked as required by items 2, 3, 4, 5 or 6, I will not drive on state business in a state vehicle or any other vehicle until notified in writing that my driving privileges are reinstated. Only then will I resume my driving while on state business.

Driver Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____

Defensive Driving Course Completed Y N Defensive Driving Course Certificate Attached Y
Form to be filed in Employee file located in Human Resources Division.

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DRIVING SAFETY TIPS

- ▽ **Observe Speed Limits and Traffic Laws** – Allow sufficient time to reach your destination without violating speed limits or traffic laws.
- ▽ **Seat Belts** – Each driver and all passengers in any motor vehicle operated on State official business are required by law to wear a properly adjusted and fastened seat belt. Statute: § 27-37-702
- ▽ **Handheld Wireless Telephone** – “A driver of a motor vehicle shall not use a handheld wireless telephone for wireless interactive communication while operating a motor vehicle”, in accordance with A.C.A. § 27-51-1504. Communicating on the phone takes your attention away from driving, making you less likely to notice hazardous situations.
- ▽ **Backing Crashes** – Most backing accidents are preventable. Whenever possible, park your vehicle where backing is not required. Know what is beside and behind your vehicle before you begin to back. Back slowly and check both sides as well as the rear as you back. Continue to look to the rear until the vehicle has come to a complete stop.
- ▽ **Intersection Crashes** – When approaching and entering intersections, be prepared to avoid crashes that other drivers may cause. Take precautions to allow for the lack of skill or improper driving habits of other drivers. Potentially dangerous acts include, but are not limited to, speeding, improper turn movements, and failure to yield the right of way.
- ▽ **Weather Related Crashes** – Rain, snow, fog, sleet or icy pavement increase the hazards of driving. Slow down and be especially alert when driving in adverse conditions. Discontinue use of cruise control in wet or icy road conditions.
- ▽ **Passing Crashes** – When you pass another vehicle, look in all directions, check your blind spots, and use your signal. As a general rule, only pass one vehicle at a time.
- ▽ **Rear End Crashes** – The driver can prevent rear-end collisions in spite of abrupt or unexpected stops of the vehicle ahead by maintaining a safe following distance at all times. Most crashes can be avoided by maintaining the “four second rule” and following the vehicle ahead at a distance that spans at least four seconds. The following distance should be increased when driving in adverse conditions.
- ▽ **Security** – State vehicles **shall** be locked whenever they are unoccupied.
- ▽ **Engines** – The engine of a State vehicle **shall** always be turned off before the driver exits the vehicle.

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CONTACT INFORMATION

Questions regarding the Vehicle Safety Program and the Free Defensive Driving Course should be directed to:

**Risk Management Division
Arkansas Insurance Department
1200 W. Third
Little Rock, AR 72201-1904
Ph.: 501-371-2690
Fax: 501-371-2842
insurance.risk.management@arkansas.gov**

For additional copies of the Vehicle Safety Program go to the Risk Management webpage:
<http://www.insurance.arkansas.gov/risk.htm>

Questions regarding driving records should be directed to:

**Denise Yates
Revenue Division - Office of Driver Services
Department of Finance and Administration
Charles D. Ragland Building
P.O. Box 1272, Room 1130
Little Rock, AR 72203
Ph.: 501- 682-7208
Fax: 501-682-2075
denise.yates@dfa.arkansas.gov**

Questions regarding Login information to the SVS System should be directed to:

**Information Network of Arkansas
425 W. Capitol Ave.
Metropolitan Tower, Suite 1620
Little Rock, AR 72201
501-324-8900
svs@ark.org**