

# Fleet & Driver Safety Program



TRUCKING

**TJD Trucking**  
**2024**

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# Fleet & Driver Safety Program

## Scope and Application

The following pages contains policies and procedures of TJD Trucking to ensure we hire and retain only the most safe and courteous of drivers, provide safe and reliable vehicles and create a safety-conscious environment. Compliance with this program is mandatory for all company commercial and non-commercial drivers. Violations of this program may result in disciplinary action up to and including suspension of driving privileges or termination. Any deviations from this program must be immediately brought to the attention of the employee's supervisor or the program administrator.

## Responsibilities

**Program Administrator** is responsible for ensuring that Fleet and Driver Safety policies and procedures are established and enforced consistently; maintaining accurate qualification records; and maintaining accurate substance abuse testing records.

**Fleet Manager** is responsible for overseeing, providing and maintaining safe equipment free from obvious defect and damage; and providing training and information to employees.

**Supervisors** are responsible for ensuring employees follow proper procedures; ensuring vehicles and equipment are maintained in proper working order; monitoring drivers to ensure compliance with all elements of this program; making recommendations about retention or release employees based on driving tests from the driver trainer, audits, and performance evaluations.

**Driver Trainers** are responsible for training employees in vehicle and driver safety procedures and best practices; conducting on-road tests for new employees and existing employees at least annually.

**Employees** are responsible for following all company procedures and guidelines established in this document, and the safe operation of all company vehicles.

## Drivers

Commercial and non-commercial drivers are responsible for conducting themselves in accordance with this program. All drivers will:

- Meet all minimum qualification criteria;
- Be medically qualified to drive a commercial motor vehicle (49 CFR 391.41, *Physical Qualifications for Drivers*);
- Maintain satisfactory evaluations from the supervisor and/or driver trainer;
- Receive negative drug/alcohol tests; and
- Maintain an acceptable motor vehicle record (MVR).

## Driver Qualification Criteria

Driver applicants will not be considered for employment unless they meet the minimum requirements listed below.

- Possess a valid non-commercial driver's license with at least two years driving experience.
- Possess a valid commercial driver's license (CDL) with at least three years driving experience.
- Possess proper endorsements for the type of commercial vehicle to be driven.
- Be at least 21 years old to operate a commercial motor vehicle interstate.
- Be able to read and speak English sufficiently to converse with the general public, to understand highway traffic signs and signals, to respond to official inquiries, and to make entries on reports and records.
- Be physically and mentally qualified to drive a company vehicle and possess a valid medical certificate
- Must not be disqualified to drive a commercial motor vehicle under the rules and regulations set forth in 49 CFR Part 391.15.
- Meets all of the requirements and be able to perform all of the tasks and essential duties of the job description.
- Have at least five years verifiable driving experience, if required to transport hazardous materials.
- Has not been convicted of any of the following major violations:
  - Being under the influence of alcohol as prescribed by state law;
  - Being under the influence of a controlled substance;
  - Having an alcohol concentration of 0.04 or greater while operating a CMV;
  - Refusing to take an alcohol test as required by a state or jurisdiction under its implied consent laws or regulations;
  - Leaving the scene of an accident;
  - Using the vehicle to commit a felony;
  - Driving a CMV when, as a result of prior violations committed operating a CMV, the driver's CDL is revoked, suspended, or cancelled, or the driver is disqualified from operating a CMV;
  - Causing a fatality through the negligent operation of a CMV, including but not limited to the crimes of motor vehicle manslaughter, homicide by motor vehicle, and negligent homicide; and
  - Using the vehicle in the commission of a felony involving manufacturing, distributing, or dispensing a controlled substance.
- Has not been convicted of any of the following serious violations
  - Speeding excessively, involving any speed of 15 mph or more above the posted speed limit;
  - Driving recklessly, as defined by state or local law or regulation, including, but not limited to, offenses of driving a motor vehicle in willful or wanton disregard for the safety of persons or property;

- Making improper or erratic traffic lane changes;
- Following the vehicle ahead too closely;
- Violating state or local law relating to motor vehicle traffic control (other than a parking violation) arising in connection with a fatal accident;
- Driving a CMV without obtaining a CDL;
- Driving a CMV without a CDL in the driver's possession; and
- Driving a CMV without the proper class of CDL and/or endorsements for the specific vehicle group being operated or for the passengers or type of cargo being transported.

## Hiring Process

The employment hiring process is designed to ensure that the safest individuals are hired to operate our commercial vehicles. This multi-step process shall be used for all applicants and will be administered uniformly without bias toward race, color, religion, gender, age, national origin, disability, sexual orientation, or any other criteria deemed unlawful by state, federal, or local law.

**Application.** All commercial driver applicants must submit a completed, accurate, signed, and dated application for employment. The hiring/screening process will not continue until all information on the application has been verified.

**Previous Employment.** Employment history will be collected and verified for every commercial driver applicant. All commercial driver applicants must provide this employer information on all driving positions they have held for the previous ten years:

- Names, addresses, phone numbers, or other contact information of previous employers; and
- Names, titles, phone numbers, or other contact information of previous supervisors.

**Motor Vehicle Records.** The driving record from the previous five years will be examined for all commercial driver applicants from the appropriate agency of every state in which the applicant held a motor vehicle license or permit. The driver qualification and hiring process will not continue until all driving record information has been verified and no disqualifying violations have been found (see driver qualification criteria above).

**Drug and Alcohol History.** All applicants will be asked if he or she has tested positive, or refused to test, on any pre-employment drug and alcohol test administered by a previous employer. If the applicant admits to any of the above, without documented successful completion of DOT return-to-duty requirements, he or she will not be considered for employment.

All applicants who indicate no drug or alcohol violations must provide written consent for a drug and alcohol history to be obtained for the preceding two years from all DOT-regulated employers. If the applicant fails to provide this consent, he or she will not be considered for employment. Any positive indication of drug or alcohol use at the following levels will immediately disqualify the applicant:

- Alcohol test with a result of 0.04 or higher;
- Verified positive drug test;
- Verified adulterated or substituted drug test results; and
- Violations of DOT agency drug and alcohol testing regulations.

Applicants who have successfully completed DOT return-to-duty requirements after a drug or alcohol regulation violation will continue through the hiring process.

**Pre-Employment Screening Program.** All applicants must provide written approval for TJD Trucking's administrator to run queries on the following systems:

- FMCSA's Drug & Alcohol Clearinghouse
- FMCSA's Pre-Employment Screening Program
- National Driver Registry
- Commercial Driver's License Information System

Non-compliance with hours of service, cargo securement, vehicle inspections, etc. will be evaluated in the hiring process. Significant or repeated violations may disqualify the applicant.

**Proof of Citizenship and Right to Work.** All commercial driver applicants shall be required to provide either proof of U.S. citizenship or proof of their legal right to work in the United States. Company administrator may conduct query with E-verify.gov.

**Interviews.** All applicants will be interviewed in person by the program administrator.

**Drug/Alcohol Screening.** All commercial driver applicants will submit to a drug/alcohol screening before an initial offer of employment is extended. Only the designated drug/alcohol testing facility will be used. Drug/alcohol test results from the commercial driver applicant's previous employer will not be accepted. A negative test result is a condition of employment. No driver applicant will perform any work or activity until a negative test result has been obtained for the driver applicant. Be advised that marijuana remains a drug listed in Schedule I of the Controlled Substances Act. It is unacceptable for any employee subject to drug testing under the DOT's drug testing regulation to use drugs or alcohol medicinally or recreationally.

**Medical Qualification.** All applicants shall be medically examined and certified as physically qualified to operate a commercial motor vehicle by a licensed, DOT-certified medical examiner. A valid medical certificate must be maintained at all times.

**Driving Evaluation.** Applicants may be required to submit to a driving test to evaluate their driving proficiency. The driving test will be an on-road driving test with a designated driver trainer. The applicant will be evaluated on pre-trip inspections, city and rural driving on two-lane and multiple-lane roads including freeway and interstate, passing, backing, and emergency procedures. This evaluation will be used in the hiring assessment and to develop portions of TJD Trucking's mandatory driver training program. This driving test will be completed before a new commercial driver is allowed to operate a commercial vehicle for company business. Driving evaluations will be documented on the driver's road test examination.

## Recordkeeping

As required by the DOT, TJD Trucking maintains a qualification file for all drivers. No employee shall operate a company vehicle or any personal vehicle while on company business unless they're listed on TJD Trucking's qualified driver list. This includes personal vehicles if used for company business. TJD Trucking maintains a current list of qualified drivers and is required to provide this list to our insurance carrier annually and anytime changes are made to the list. This information is required for each driver to obtain and maintain employment at TJD Trucking:

- ✓ Driver application for employment
- ✓ Copy of driver's license
- ✓ Hire date
- ✓ Inquiry to previous employers in the past three years
- ✓ Inquiry to state agencies
- ✓ Medical examiner's certificate (medical waiver copy only)
- ✓ Quarterly review of DMV Pull Program reports
- ✓ Annual MVR and review of driving record
- ✓ Annual driver's certificate of violations
- ✓ Annual review of driving record

Qualification records for each commercial driver will be maintained for a minimum of three years after the driver's employment is terminated.

## Driver Operating Company Owned Vehicles

Some employees are required to operate company-owned vehicles owned by the company as a part of their duties. Almost all employees operate privately owned vehicles as a part of their daily routine. The following operating guidelines are required for drivers of company vehicles but are applicable to private driving as well:

1. Be courteous to other drivers, pedestrians, and will obey all traffic laws.
2. Only drivers with current, safe-driving records will be allowed to operate company- owned vehicles.
3. No employees are authorized to operate any company owned vehicle under the influence of alcohol, illegal drugs, chemical substances, or any medication or drug that can cause drowsiness, poor coordination, or other physical or mental impairment.
4. All drivers must be of legal age or the age required by the fleet insurance carrier, whichever is greater.
5. All drivers must possess a valid operator's license for the state in which they are working. The type of license must be appropriate for the type of vehicle being operated. In the case of Commercial Driver Licenses, the endorsement on the license must also be appropriate for the type of vehicle driven or load carried.

6. Traffic citations for a moving or a stationary violation must report the citation to his/her supervisor immediately.
7. Repeated traffic convictions, or failure to report traffic accidents or convictions, may result in disciplinary action, including termination.
8. Follow accident protocol:
  - Report all accidents, no matter how small, to management immediately.
  - Always call law enforcement officials to report an accident, no matter how minor the damage.
  - Do not make statements to anyone other than law enforcement officials.
  - Any accident involving a pedestrian must be reported to management and law enforcement immediately.
9. Drivers are responsible for maintaining a clean vehicle.
10. Drivers are forbidden from wearing headphones, headphone radios, or other such devices that might impair their ability to hear surrounding conditions.
11. There are to be no other riders in company vehicles other than company personnel. Exceptions must be approved by management. Riding as a passenger on equipment is prohibited unless the equipment has the capacity to transport personnel safely.
12. Do not give rides to hitchhikers or strangers.
13. Wearing a seat belt is mandatory while driving or riding in a company vehicle.
14. Conduct pre/post trip checks. Check your vehicle daily before each trip, and check the vehicle visually each time before driving. Check lights, tires, brakes, and steering in particular. An unsafe vehicle should not be operated until repairs are made.
15. Traffic laws must be obeyed:
  - Speed shall never be faster than a rate consistent with existing speed laws and road, traffic, and weather conditions. Posted speed limits must be obeyed.
  - Never attempt to exercise the right-of-way; always let the other driver go first.
  - Keep to the right except when overtaking slow moving vehicles, or when getting into a position to make a left turn.
  - Never follow another vehicle so closely that you will not be able to make a safe stop under any condition. Follow the 3-second rule.
  - Turn signals must be used to show where you are heading; while going into traffic and before every turn or lane change. Remember, signaling intentions neither gives the driver the right-of-way, nor guarantees a safe lane change.
  - Slow down and watch for children in school zones.
16. Driver may not operate a vehicle if fatigued or ill.
17. Do not drive the vehicle through, around or under any gate or barrier at a railway crossing while it is in motion to open or close.
18. Do not drive under an overhang without ascertaining proper clearance.



19. Do not jump from your vehicle; always maintain three points of contact.
20. Avoid sitting on your wallet when driving, as this can eventually result in back pain.
21. Do not park close to intersections or stop signs; your truck may block the view of oncoming traffic or pedestrians.
22. When backing from sunlight into the shadow of a dock, stop for a few minutes to allow your eyes to adjust to the change in light; always back slowly.
23. Do not unload your truck without first setting the hand brake and chocking the rear wheels.
24. Never attempt to open rear or side doors of a trailer before first tapping the doors with tightly closed fist. A change from a hollow to a muffled sound could indicate that your load has shifted (dry van loads).
25. Never stand directly in front of a swing door when opening; always stand to the side Always lock doors firmly in place to prevent them from swinging (dry van loads).
26. Always release load bars or other product restraining devices slowly (dry van loads).
27. Place heavier loads on the floor of the vehicle and not on shelves (dry van loads).
28. Do not try to stop falling products unless you can do so safely.
29. Choose the right straps, position the cargo, secure the cargo with tie downs, place a tarp (if needed), double check and inspect for damaged or loose tie-downs (flatbed loads).

### Personal Protective Equipment (PPE)

Inspect PPE prior to each use. Do not use damaged PPE. You are required to maintain and keep PPE clean.

- a) Hard Hats – must be worn at all times upon customer request and in construction zones
- b) Safety Vest – must be worn at all times during shift
- c) Gloves – work gloves must be worn at all times when handling equipment (i.e. chains, straps, etc.)
- d) Safety Glasses – must be worn at all times, if required on customer premises
- e) Hearing Protection – is required in areas where noise exposure is more than 90dBA (85dBA if you already have experienced a hearing loss).
- f) Fire-retardant clothing (when applicable)

### Safety and Conduct on Customer Property

Employees of TJD Trucking are required to follow all customer safety and security procedures while doing business on customer property. Horseplay is prohibited. Employees are required to work in an injury-free manner displaying accepted levels of behavior.

**Safety.** Employees of are required to follow all customer safety and security procedures while doing business on customer property.

If customer personnel does not advise you regarding safety hazards, consider the following:

- Emergency exit location(s);
- Keep your eyes on the path you are walking and avoid any tripping/slipping hazards; while on stairs, maintain three-point contact – hand on rail and feet on steps;
- Wear shoes that support your feet and are slip-resistant; and
- Avoid clothing that is either constrictive or too loose; loose clothing can get caught in equipment.

These rules are established to help you stay safe and injury-free. Violation of the above rules, or conduct that does not meet minimum accepted work standards, may result in discipline, up to and including discharge.

When dropping off or picking up goods at a location, employees are required to follow the above rules, as well as all customer rules and procedures, and work in a manner that reflects positively on TJD Trucking. Before operating any equipment not owned or normally operated by customer personnel, permission must be secured.

**No employee is ever required** to perform work that he/she believes is unsafe or that is likely cause injury or a health risk to themselves or others.

### Cargo Handling

**Cargo Loading & Unloading.** For safety and liability purposes, loading and unloading should never be completed by driver, unless requested by the customer. Driver's supervisor will notify driver of those requests prior to arrival of pick-up location.

**Cargo Securement.** Loads should be examined within the first 50 miles of initial transport and again at all following stops. All tie-downs, tarps, doors, hatches, blocks/chocks, straps/chains/binders, tires, placards, lights, etc. are to be verified as secure, meaning they cannot damage the cargo or come loose and fall off the vehicle. After the verification has been physically made, dispatch must be notified.

### Idling

Once the load is secured and ready for transport, the drivers shall refrain from prolonged idling. Drivers found engaging in excessive idling, or repeat offenders thereof, may be suspended and/or removed from certain client accounts.

### Caravanning

Caravanning is only prohibited for the certain clients. Supervisors will notify drivers of which accounts are acceptable.

## Fueling

- Turn the vehicle off before refueling
- Do not smoke while refueling a vehicle
- If you spill fuel on your hands, wash with soap and water
- Clean up small spills from around fuel tanks with paper towels or rags
- If a large fuel spill occurs, do not walk through it

## Law Enforcement Stops, Roadside Inspections & Weigh Stations

TJD Trucking expects drivers to behave in a professional and courteous manner when pulled over by law enforcement, going through weigh stations, or if asked to participate in a roadside inspection. Directions given by the official should be strictly followed. Failure to comply with the procedures set forth below may result in disciplinary actions up to and including termination.

**Roadside Inspection Procedures.** When requested, driver must pull off the road immediately to an area designated by the officer. If the driver believes the designated area is unsafe for the driver and/or the officer, the driver will state his or her concerns to the officer in a courteous and professional manner. Once the inspection is underway, the driver shall follow the directions given by the officer and act appropriately.

The results of all stops and inspections must be reported to TJD Trucking immediately after the stop. The driver must turn in all inspection reports to the program administrator within 24 hours. If the driver is not scheduled to arrive at a company location within the next 24 hours, the report must be emailed to [info@tjdtrucking.com](mailto:info@tjdtrucking.com).

If the vehicle or driver is placed out of service, the driver must notify his/her supervisor immediately so he/she can notify the customer of any delays that may result. A vehicle that is placed out of service cannot be operated until all repairs required by the out-of-service notice have been completed.

**Disposition of Report.** Upon receiving a roadside inspection report, TJD Trucking will arrange to correct any defects still outstanding. Within 5 days of the inspection, the program administrator will certify that all defects have been corrected. This will be done when the carrier official signs, dates, and adds his/her title to the Driver's Vehicle Inspection Report form. The driver will be notified when defects have been corrected. Roadside inspection reports will be analyzed for ways to reduce the number of violations and out-of-service rate. A copy of the roadside inspection report will be retained for three years.

**Weigh Stations.** Every vehicle is equipped with a PrePass device. Drivers may bypass weigh stations when granted with a green light. Drivers must go through all weigh scales when presented with a red light. Exceptions can only be made by CalTrans, in which case, written approval will be provided to the driver.

## Vehicle Accident Reporting and Investigation Plan

TJD Trucking's accident reporting and investigating plan describes methods and practices for reporting and investigating accidents. Near-miss accidents or incidents must be reported as well (i.e., when a driver nearly has a vehicle accident but is able to avoid injury or damage).

**Vehicle Accidents.** These steps will be followed in the event of a vehicle accident/incident.

- Stop the vehicle, turn off the engine, and protect the scene by activating the four-way emergency flashers and posting orange emergency triangles to prevent a secondary accident (one near the scene, one marker 100 feet in each direction from the scene, and one marker near curves or hill crests, but no more than 500 feet away).
- Call for medical assistance and assist any injured people (including yourself), if necessary. Do not move other persons, unless absolutely necessary, to prevent further injury.
- If possible, protect waterways, storm drains, etc. from hazardous materials if spilled.
- Call the police.
- Call TJD Trucking's program administrator within 12 hours.
- Locate witnesses and get important information from them including names, addresses, and phone numbers.
- Exchange pertinent information with other drivers.
- Take photos of the accident, street signs, landmarks, and/or mile markers.
- Make detailed sketches/drawings of the accident scene, noting the direction of travel for each vehicle involved.
- Complete the vehicle accident report form.

Note: Every company motor vehicle is required to have a vehicle accident reporting kit in the glove box. This kit should be used by the driver to record accident facts after the accident as soon as feasible. Accident investigation kits are available from the program administrator.

**Post-Accident Actions.** Drivers involved in an accident are to comply fully by:

- Never admitting fault or apologizing. Apologies can be interpreted as an admission of fault;
- Being polite and never arguing with other drivers or witnesses;
- Being polite and never arguing with the police;
- Never making a statement to the media. Refer them to TJD Trucking's media contact;
- Never discussing details of the incident with anyone but the program administrator or a representative of West Bend Mutual Insurance; and
- Always reporting the accident/incident to the program administrator, regardless of severity.

**Vehicle Accident Involving Employee Injury/Property Damage Reporting.** Our "Vehicle accident involving employee injury/property damage" reporting procedures include:

- TJD Trucking is required to test each surviving driver for alcohol and controlled substances as soon as possible following an accident as required by §382.303.
- Employees injured on the job are to report the injury to the program administrator or safety

director as soon as possible following the incident.

- The program administrator or safety director is to follow the established employee injury/property damage accident investigation program.

The goal of this reporting and investigation process is not to find fault, but to determine the root cause so corrective actions can be made to eliminate future accidents or incidents. Please refer to the Supervisor's Investigation of Motor Vehicle Accident, form WB-2723 (6-16).

**Vehicle Accident Report Retention.** Vehicle accident reports and associated information will be maintained by the program administrator for three years after the date of the vehicle accident. The following information will be retained:

- Date of accident;
- City and state in which the accident occurred;
- Driver name;
- Number of injuries;
- Number of fatalities;
- Whether hazardous materials, other than fuel spilled from the fuel tanks of motor vehicles involved in the accident, were released;
- Copy of vehicle accident report; and
- Copies of all accident reports required by state or other governmental entities or insurers.

**Post-Accident Corrective Action Procedure.** The program administrator will evaluate driver performance in relation to the driver's training after an accident. The corrective actions outlined below will apply if an accident is determined to have been preventable. Accidents will be reviewed by the program administrator or safety director on a case-by-case basis before the corrective action program is initiated.

A driver who is involved in one preventable accident in six months will be placed on probation for 90 days. If the driver successfully completes that period of probation without any further accidents, the driver will be taken off the probation list; however, if the driver is involved in another preventable accident while still on probation, the driver will be terminated.

TJD Trucking also reserves the right to impose more stringent consequences based on the circumstances and/or severity of a preventable accident.

### Vehicle Violations

Moving and parking violations are the operator's responsibility.

### Vehicle Observation

The program administrator will conduct random unannounced vehicle observations of company drivers during their operations. The observations will be documented and the records retained in the driver's file. Driver is responsible for interior upkeep.

### CSA Program

The Federal Motor Carrier Safety Administration's Comprehensive Safety Accountability (CSA) tracks violations by company specific DOT numbers. It is very important that all drivers understand

how their driving affects not only their safety record, but TJD Trucking's, as well. The program administrator will review the CSA safety report each month and address areas where safety has diminished across TJD Trucking. The program administrator will review the daily inspections. This may result in additional safety training or changes in drivers' status.

### Periodic Program Review

At least annually, the program administrator will conduct a program review to assess the progress and success of the program. The review will include:

- Review of individuals driving compared to the qualified drivers list;
- Re-evaluation of all training programs and records;
- The need for retraining of management and/or drivers based on accident investigation results;
- Review of drivers involved in a high number of vehicle accidents;
- Responsiveness in reporting vehicle accidents; and
- Vehicle purchases and safety equipment contained on the vehicles.

The program's success will be determined using these criteria:

- Cost and frequency of vehicle accidents;
- Employee feedback through direct interviews, audits, and questionnaires; and
- Vehicle accident investigation results.

This program will always be available at the company website at [www.tjdtrucking.com](http://www.tjdtrucking.com).



# Appendix B – Training Attendance Sheet

Fleet and Driver Safety Program

Date:

Instructor:

Training

Materials:

Attendees – Please print and sign your name legibly.

| No. | Print Name | Signature |
|-----|------------|-----------|
| 1.  |            |           |
| 2.  |            |           |
| 3.  |            |           |
| 4.  |            |           |
| 5.  |            |           |
| 6.  |            |           |
| 7.  |            |           |
| 8.  |            |           |
| 9.  |            |           |
| 10. |            |           |



# Appendix C – Sample Management Statement Letter

TO ALL EMPLOYEES:

We have decided to initiate a safety program to improve the operation of our fleet. We fully recognize that you, as a driver of a company vehicle, play a key part in our mutual effort to reduce losses involving vehicles.

In order to assist you in doing a better job, we are initiating a fleet safety program designed to promote safety awareness in the part each of us play in a continuing accident prevention program.

I am personally taking charge of the safety program to promote more effective results. [REDACTED] will be responsible to me for carrying out the details of a complete fleet safety program and will assist each of you in performing your job safely.

I solicit your help and want you to be constantly alert to the hazards of your job. Follow instructions, and avoid the “thoughtless acts” that might involve you or your fellow workers in an accident.

Do not hesitate to bring in safety suggestions to your supervisor. We cannot lick the accident problem alone, but with your help, we can do it.

A Fleet Safety Summary will be forthcoming to explain the details of our safety program.

Everyone benefits when we stop accidents.

Sincerely,

---

Signature

---

Title

---

Date

# Appendix D – Sample Fleet Summary

All Employees:

We want each of you to know and understand our company's position on fleet and driver safety.

Motor vehicle accidents cost our company money, as well as, introduce the possibility of injury to you and the general public. We, as a company, are counting on your support in helping our firm control and reduce motor vehicle accidents. We have established the following guidelines so that we may all understand what our company's position is, and all work together to reduce motor vehicle accidents.

## **Driver Selection:**

Each new driver will complete the attached Driver Questionnaire, and his or her Motor Vehicle Record will be checked. We will also check prior employment references, and any discrepancies revealed in our pre-employment investigations will have to be reviewed prior to hiring the driver. We seek a driver who is stable, mature, and has a good driving record.

## **Authorized Use of Company Vehicle:**

The vehicles are provided for business use, unless prior permission is received from management for other than business use. Only the assigned operators can operate the vehicle, and use of the vehicle by non-employees and family members is not allowed, unless prior authorization is received.

## **Vehicle Maintenance:**

Each driver is responsible for checking the conditions of his or her vehicle for safety defects prior to any daily operation. You should report any problems immediately to your supervisor.

## **Accident Reporting Procedures:**

Each accident, no matter how small, must be immediately reported to your supervisor. Accident Reporting Kits have been provided for each vehicle by the insurance company. Each driver should review these kits, and the material should be used to take the necessary steps if you are involved in an accident.

## **Driver Discipline:**

Our company will not tolerate the use of drugs or alcohol while you are operating a company vehicle. It is the policy of our company to terminate employees immediately for using drugs or alcohol while operating company vehicles.

Each accident will be reviewed by Management to determine whether it was preventable or non-preventable. If you are involved in more than one preventable accident in a company vehicle, you may lose your driving privileges.

Thank you for your support.

Sincerely,

---

Signature

---

Title

---

Date

# Appendix E – Vehicle Inspection Report

BOUND EDGE

Rev. 9/12

## DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS

CARRIER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

**TRACTOR/  
TRUCK NO.** \_\_\_\_\_ **ODOMETER READING** \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Air Compressor<br><input type="checkbox"/> Air Lines<br><input type="checkbox"/> Battery<br><input type="checkbox"/> Belts and Hoses<br><input type="checkbox"/> Body<br><input type="checkbox"/> Brake Accessories<br><input type="checkbox"/> Brakes, Parking<br><input type="checkbox"/> Brakes, Service<br><input type="checkbox"/> Clutch<br><input type="checkbox"/> Coupling Devices<br><input type="checkbox"/> Defroster/Heater<br><input type="checkbox"/> Drive Line<br><input type="checkbox"/> Engine<br><input type="checkbox"/> Exhaust<br><input type="checkbox"/> Fifth Wheel<br><input type="checkbox"/> Fluid Levels<br><input type="checkbox"/> Frame and Assembly | <input type="checkbox"/> Front Axle<br><input type="checkbox"/> Fuel Tanks<br><input type="checkbox"/> Horn<br><input type="checkbox"/> Lights<br>Head/Stop<br>Tail/Dash<br>Turn Indicators<br>Clearance/Marker<br><input type="checkbox"/> Mirrors<br><input type="checkbox"/> Muffler<br><input type="checkbox"/> Oil Pressure<br><input type="checkbox"/> Radiator<br><input type="checkbox"/> Rear End<br><input type="checkbox"/> Reflectors | <input type="checkbox"/> Safety Equipment<br>Fire Extinguisher<br>Flags/Flares/Fusees<br>Reflective Triangles<br>Spare Bulbs and Fuses<br>Spare Seal Beam<br><input type="checkbox"/> Starter<br><input type="checkbox"/> Steering<br><input type="checkbox"/> Suspension System<br><input type="checkbox"/> Tire Chains<br><input type="checkbox"/> Tires<br><input type="checkbox"/> Transmission<br><input type="checkbox"/> Trip Recorder<br><input type="checkbox"/> Wheels and Rims<br><input type="checkbox"/> Windows<br><input type="checkbox"/> Windshield Wipers<br><input type="checkbox"/> Other |
|---|---|---|

**TRAILER(S) NO.(S)** \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Brake Connections<br><input type="checkbox"/> Brakes<br><input type="checkbox"/> Coupling Devices<br><input type="checkbox"/> Coupling (King) Pin<br><input type="checkbox"/> Doors | <input type="checkbox"/> Hitch<br><input type="checkbox"/> Landing Gear<br><input type="checkbox"/> Lights - All<br><input type="checkbox"/> Reflectors/Reflective Tape<br><input type="checkbox"/> Roof | <input type="checkbox"/> Suspension System<br><input type="checkbox"/> Tarpaulin<br><input type="checkbox"/> Tires<br><input type="checkbox"/> Wheels and Rims<br><input type="checkbox"/> Other |
|--|--|--|

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

DRIVER'S SIGNATURE: \_\_\_\_\_

ABOVE DEFECTS CORRECTED

ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DRIVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ORIGINAL**

## **Vehicle Inspection Reporting**

**Driver Pre-Trip Inspection.** A properly performed and thorough pre-trip inspection will be conducted by each driver before operating the vehicle. The following seven steps must be completed for each pre-trip inspection. All vehicle inspections will be documented on the driver's vehicle inspection report. If anything unsafe is discovered during the pre-trip inspection, it must be fixed immediately.

1. **Review Last Vehicle Inspection Report** – The driver must review the last driver's vehicle inspection report to verify that any needed repairs were made to the vehicle. If an authorized signature certifies that defects were corrected or that correction was unnecessary, the driver will sign the third signature line of the form. If the defects noted were not acknowledged by an authorized signature, the driver shall not drive the vehicle until the defects are corrected.
2. **Vehicle Documentation** – The driver must verify all shipping paper, insurance cards, and any other paperwork required by the DOT are in his or her possession.
3. **Vehicle Overview** – A general condition review of the vehicle is required. The driver will:
  - Look for damage or unusual wear to the vehicle. Examples include vehicle leaning to one side, lights broken or inoperative, tire and rim condition, and suspension and break wear.
  - Look under the vehicle for fresh oil, coolant, grease, or fuel leaks.
  - Perform a walk-around assessment to look for people, other vehicles, objects, and low hanging wires or limbs.
4. **Check Engine Compartment** – After verifying the engine is turned off, the parking brake is set and/or wheels chocked, the driver will raise the hood and inspect the engine compartment. Check:
  - Fluid levels
  - Power steering
  - Batteries
  - Automatic transmission
  - Belts for cracks or wear
  - Tightness in alternators, water pumps, and air compressor
  - Cracked or worn electrical wiring insulation
5. **Start Engine and Inspect Inside the Cab** – The driver will verify that the parking brake is set, place gearshift in neutral, start engine, and listen for unusual noises. Then check:
  - Gauges (oil, ammeter/voltmeter, coolant temperature, engine oil temperature, warning lights and buzzers);
  - The condition of controls. Look for looseness, sticking, damage, or improper setting (steering wheel, clutch, accelerator, brake controls [foot brake, trailer brake, parking brake, retarder controls], transmission controls, inter-axle differential lock, horn[s], windshield wiper/washer, and lights [headlights, dimmer switch, turn signal, four-way

- flashers, clearance, identification, marker light switches]);
- Condition of mirrors and windshield/windows; and
- Location of emergency equipment (three red triangles, properly charged and rated fire extinguisher, tire chains, emergency phone number list, and accident reporting kit).

**6. Check Lights** – The driver will make sure parking brake is set, engine is off, and ignition key is out of the switch and then check these items:

- Headlights (low and high beams)
- Emergency flashers
- Parking, clearance, side maker, and identification lights
- Turn signals
- Brake lights (a helper will be required to complete this task)

The driver will clean all lights, reflectors, and glass as needed.

**7. Test Brakes** - The driver will check these additional items:

- Brake drums (or disks), linings, and hoses for cracks or other visible damage, appropriate liner thickness, and presence of oil or grease;
- Air hoses for worn areas or the presence of cuts or other damage. Shut off the engine and test low pressure warning signal;
- Verify spring brakes activate with low air pressure (usually in a range between 20-40 psi);
- Check the rate of air pressure buildup (typically 85-100 psi within 45 seconds in dual air systems);
- Test air pressure leakage (with a fully-charged air system typically 125 psi);
- Verify loss rate does not exceed two psi in one minute for single vehicles and three psi in one minute for combination vehicles;
- Check air compressor governor cut-in and cut-out pressures; and
- Test parking brake with transmission in low gear. Test service brake for left or right pulling when service brakes are applied.

**During a Trip.** Once on the road, the driver must examine his or her vehicle and cargo at each:

- Change of duty status
- Stop

If a problem is found, the driver must either have the necessary repairs or adjustments made before operating the vehicle, or safely travel to the nearest repair facility. For vehicles transporting hazardous materials, the driver must examine the tires at the beginning of the trip and each time the vehicle is parked.

During each stop the driver will check:

- Tires, wheels, and rims
- Brakes
- Lights and reflectors
- Brake and electrical connections to trailer
- Trailer coupling devices
- Cargo securement devices

**Post-Trip Inspection and Report.** Each driver is required to complete a written report on each vehicle's condition at the end of the day or when he or she finishes driving the vehicle for that day. Vehicles include power unit and trailer(s).

The report must be completed in its entirety and the driver must note any defects to:

- Service brakes, including trailer brake connections
- Parking (hand) brake
- Steering mechanism
- Lighting devices and reflectors
- Tires
- Horn
- Windshield wipers
- Rear vision mirrors
- Coupling devices
- Wheels and rims
- Emergency equipment

The driver must also note any other defects that could affect the safe operation of the vehicle or result in its mechanical breakdown. The report must also indicate if no defects are found. The driver must sign and submit the report to the program administrator.

The original copy of the inspection report and certification of repairs will be retained in the vehicle maintenance files. The original copies of inspection reports on which defects were noted and the certification of repairs will be retained for three months.

# **Appendix F – Using Vehicle Accident Types in Accident Analysis**

One of the basic steps in analyzing vehicle accidents is to determine the types that are occurring and the frequency in which they occur. The Vehicle Accident Types on the next page are designed to aid in the analysis. Their use provides uniformity in placing individual accidents into the proper categories. There are few simple rules that should be considered in their use:

- Don't confuse accident types and accident causes. "Too fast for conditions" or "mechanical failure" are causes. They may cause or contribute to an accident, but are not types. Once predominant types are identified it is then time to identify causes.
- Don't mix accident types and avoidability. In analyzing vehicle accidents by type, do not consider if they are avoidable or unavoidable. This to, is another separate and distinct step.
- An accident should be placed in only one type. A single accident may involve several occurrences but will have only one major or primary type involved. For example, a vehicle may strike another vehicle in an intersection. Following that collision, it strikes a parked car and overturns. The correct type would be intersection. The occurrence involving the parked car (Hit Stationary Object) and the overturn are secondary events resulting from the intersection collision.
- If a large number of accidents are placed in Type 14 (All Other) it may be an indication that the accidents were not examined in enough detail for proper placement in types. If this is not the case, it may be necessary to further break down Type 14 into sub-classes.
- When considering total accidents by type, severity, as well as frequency, must be weighed. While many times lower in frequency, Types 1, 2, 3, and 4 are high dollar loss potential types.



# Appendix G – Vehicle Accident Types

## **1. Hit Other In Rear:**

An accident in which the insured strikes the rear of a vehicle in front of the insured's vehicle, moving in the same direction or stopped, but not parked.

## **2. Intersection:**

An accident in which the insured and another vehicle collide at intersecting or merging roads, streets, drives, or pathways. Point of impact can be head-on or broadside. Either vehicle could have failed to yield right of way, ran a stop sign or stoplight, or made an unexpected turn in front of the other vehicle. Also included is collision with a train.

## **3. Pedestrian:**

An accident in which the insured strikes or is struck by a pedestrian or an individual riding an animal or bicycle.

## **4. Head-on Collision:**

An accident where there is head-on contact between the insured's vehicle and a vehicle moving in the opposite direction. Point of impact can be fully or partially head-on. Also applies if either vehicle has pulled over and stopped before impact.

## **5. Cut in or Out/Sideswiped:**

An accident which is the result of either the insured or another vehicle changing lanes or cutting in or out of traffic. Also applies to sideswipes when both vehicles are moving in the same direction. Point of impact can be on the side or front or rear corners.

## **6. Backing:**

An accident in which the insured's vehicle, while moving in reverse, strikes another vehicle or a stationary object.

## **7. Hit Stationary Object:**

An accident in which the insured strikes a parked vehicle or strikes a fixed object (buildings, walls, bridges, hydrants, gas pumps, poles, wires, trees, etc.).

## **8. Pulled From Parked Position:**

An accident in which the insured strikes or is struck by a passing vehicle as the insured pulled from a curb parked or doubled parked position.

## **9. Loading/Unloading/Delivery/Cargo Falling Into Claimant's Path:**

An accident not involving the driving of the insured's vehicle but which was connected with or resulted from the loading, unloading, or delivery of cargo. Also applies to cargo falling on the road while in transit.

#### **10. Jackknife:**

Any accident in which the insured's vehicle jackknifes. It may be due to the sudden application of brakes on a wet or icy road, or any other action which causes the tractor and trailer to turn at a sharp angle to each other. The accident may result in injury or damage to another vehicle, a pedestrian or a fixed object.

#### **11. Upset:**

An accident in which the insured's vehicle turned or rolled over, not as the result of a collision with another vehicle, fixed or stationary object. Insured's vehicle may have skidded or left roadway.

#### **12. Insured Parked:**

An accident in which the insured vehicle is struck while parked on or off of the roadway, in a lot or yard.

#### **13. Insured Hit in Rear:**

An accident in which the insured vehicle is struck in the rear by another vehicle. Insured vehicle may be moving, slowing, or stopped in traffic, but not parked.

#### **14. All Other:**

An accident that cannot properly be assigned to any other code. This would also include alleged accidents, of which the insured has no knowledge.

# Appendix H – Sample Motor Vehicle Report Evaluation Guidelines

When using the MVR chart, consider only those incidents occurring within the preceding three years.

| POINTS | VIOLATION   |
|--------|---|
| 15     | License suspension  |
| 15     | Driving While Intoxicated (DWI)   |
| 15     | Driving Under the Influence of Narcotics (DUIN)   |
| 15     | Any “serious” violation (i.e. reckless driving, endangering the lives of others, racing, etc.)                                      |
| 6      | Bodily injury accidents   |
| 5      | Driving in excess of 5 m.p.h. over any posted speed limit   |
| 5      | Accidents of any other kind   |
| 4      | Any standard violation (careless driving, traffic light, stop sign, lane crossover, failure to signal, failure to keep right, etc.) |
| 0      | Listed as not-at-fault or non-chargeable  |

0 to 9 - Acceptable

10 to 14 - Probation

15 or more - Unacceptable (Resulting in loss of company vehicle driving privileges)

I have read and understand the purpose of the above reference Motor Vehicle Report evaluation criteria.

Employee Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

Supervisor’s Name \_\_\_\_\_

# Appendix I – Sample Annual Driver’s Certificate of Violations

## ANNUAL DRIVER’S CERTIFICATION OF VIOLATIONS

**MOTOR CARRIER INSTRUCTIONS:** Each motor carrier must at least once every 12 months, require each driver to prepare a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27). Drivers who have provided information required by 49 CFR 383.31 need not repeat that information on this form.

**DRIVER REQUIREMENTS:** Each driver will provide the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify (49 CFR 391.27).

## COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

DRIVER NAME: LAST, FIRST, MI SOCIAL SECURITY NUMBER DATE OF EMPLOYMENT

HOME TERMINAL (CITY AND STATE) DRIVER’S LICENSE NUMBER STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under 49 CFR 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Check this box if you have had no violations in the past 12 months.

| DATE | OFFENSE | LOCATION | TYPE OF VEHICLE OPERATED |
|------|---------|----------|--------------------------|
|      |         |          |                          |
|      |         |          |                          |
|      |         |          |                          |
|      |         |          |                          |
|      |         |          |                          |
|      |         |          |                          |
|      |         |          |                          |
|      |         |          |                          |
|      |         |          |                          |
|      |         |          |                          |

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

DATE DRIVER’S SIGNATURE

MOTOR CARRIER NAME MOTOR CARRIER ADDRESS

REVIEWER PRINTED NAME REVIEWER SIGNATURE TITLE DATE

# Appendix J – Sample Driver's Accident Form

### Driver's Accident Report Form

---

**IN THE EVENT OF AN ACCIDENT**  
**NONPROFIT / INSURED**  
**Driver** – Complete all items to the best of your ability, sign and date page 3, and immediately give it to your supervisor.  
**Supervisor** – Fax this Driver's Accident Report form to your **insurance broker** immediately.  
**BROKER** – Refer to our website for instructions on claim reporting.

If a claim needs to be reported after business hours or on the weekend, call (866) 718-1947.  
 This number is reserved for true claims emergencies after business hours and weekends.

---

**Driver/Vehicle Information**

|  |           |                       |                    |                           |
|--|-----------|-----------------------|--------------------|---------------------------|
| Name of Driver (first and last)  |           | Driver's Age          | Driver License No. | State                     |
| Driver's Address – Street City State Zip Telephone No. ( )             |           |                       |                    |                           |
| Name of Nonprofit / Employer   |           |                       |                    | AN/NIAC Policy Number     |
| Nonprofit/Employer Contact Name  |           | Contact Email Address |                    |                           |
| Nonprofit / Employer Address – Street City State Zip Telephone No. ( ) |           |                       |                    |                           |
| Make of Nonprofit's Vehicle  | Body Type | Year                  | License Plate #    | V.I.N. (last four digits) |
| Damage to Nonprofit's Vehicle:   |           |                       |                    |                           |

---

**Accident Information**

|  |   |                                   |                                     |
|--|---|-----------------------------------|-------------------------------------|
| Date of Accident   | Day of Week (circle one)<br>Mon Tue Wed Thurs Fri Sat Sun | Time of Accident<br>AM / PM       | Location - Street or Highway & City |
| On what street were you driving?   |   | Direction (circle one)<br>N S E W | Speed (approximate)                 |
| On what street was other vehicle driving?                                  |   | Direction (circle one)<br>N S E W | Speed (approximate)                 |
| Police Report?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, name of reporting officer                         | Agency                            | Citation/Report #                   |
| Witness #1 Name (first and last)   |   | Telephone No. ( )                 | Email Address                       |
| Witness #2 Name (first and last)   |   | Telephone No. ( )                 | Email Address                       |
| Description of Accident (include weather and road conditions):             |   |                                   |                                     |

(Use the back of this sheet if additional space is needed; please use the diagrams on page 3 to draw the accident)

**Passenger(s) in Your Vehicle** (attached additional pages if needed)

|  |                   |                            |     |   |
|--|-------------------|----------------------------|-----|---|
| Name (first and last)  | Telephone No. ( ) | Email Address              | Age | Injuries?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name   | Telephone No. ( ) | Email Address              | Age | Injuries?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name   | Telephone No. ( ) | Email Address              | Age | Injuries?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ambulance called to scene?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                   | Name of doctor or hospital |     |   |

---

**Other Vehicle Involved**

|   |                   |                    |                   |   |
|---|-------------------|--------------------|-------------------|---|
| Name of Driver (first and last)                 |                   | Driver License No. | State             |   |
| Address - Street                                |                   | City/State/Zip     | Telephone No. ( ) |   |
| Name of Vehicle Owner (if different than above) |                   | Telephone No. ( )  | Email Address     |   |
| Name of Insurance Company                       |                   | Policy #           | Telephone No. ( ) |   |
| Year/Make of Vehicle                            | Body Type         | License Plate No.  | State             |   |
| Damage to Vehicle:                              |                   |                    |                   |   |
| Passenger's Name (first and last)               | Telephone No. ( ) | Email Address      | Age               | Injuries?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Passenger's Name (first and last)               | Telephone No. ( ) | Email Address      | Age               | Injuries?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

---

**Other Vehicle Involved (if any)**

|   |                   |                    |                   |   |
|---|-------------------|--------------------|-------------------|---|
| Name of Driver (first and last)                 |                   | Driver License No. | State             |   |
| Address - Street                                |                   | City/State/Zip     | Telephone No. ( ) |   |
| Name of Vehicle Owner (if different than above) |                   | Telephone No. ( )  | Email Address     |   |
| Name of Insurance Company                       |                   | Policy #           | Telephone No. ( ) |   |
| Year/Make of Vehicle                            | Body Type         | License Plate No.  | State             |   |
| Damage to Vehicle:                              |                   |                    |                   |   |
| Passenger's Name (first and last)               | Telephone No. ( ) | Email Address      | Age               | Injuries?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Passenger's Name (first and last)               | Telephone No. ( ) | Email Address      | Age               | Injuries?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

**On the diagrams below, please draw the accident.**  
 (Be sure to include any stop signs or traffic signals.)

**Legend:**

- V 1 ▶ Your Vehicle
- V 2 ▶ Other Vehicle
- V 3 ▶ Other Vehicle (if any)

N  
↑  
W ← → E  
↓  
S

---

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**On the overhead diagrams below, please indicate the location of damage to your vehicle, if any.**

back ----- VAN ----- front

back ----- AUTO ----- front

---

SIGNATURE OF DRIVER \_\_\_\_\_ DATE \_\_\_\_\_