



# County of Los Angeles CHIEF EXECUTIVE OFFICE

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Second District

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MICHAEL D. ANTONOVICH  
Fifth District

December 29, 2010

To: All Personnel Officers

From: Jim Adams, Senior Manager  
Benefits, Compensation Policy, and Employee Relations

## **MILEAGE REIMBURSEMENT PROGRAM**

Annually, the County provides to each mileage permittee written notice that the County will provide vehicle damage reimbursement and third party auto liability protection, along with the necessary forms and instructions. Please distribute a copy of this memo to all mileage permittees in your department.

### **Change in Mileage Rate**

The 2009-12 fringe benefit agreements with County unions provide for the adjustment of mileage rates according to the movement in the IRS mileage rate. IRS increased the mileage rate by one cent per mile effective January 1, 2011. Therefore, effective January 1, 2011, the County mileage reimbursement rate will increase from 46.5 to **47.5 cents for all miles driven.**

### **County Vehicle Damage Reimbursement and Third-Party Auto Liability Costs**

County departments assume the following costs which result from mileage permittees' use of their vehicles:

1. **Damage Reimbursement for Permittee Vehicle:** The County will reimburse permittees for the costs to repair their vehicle and for other incidental expenses when their vehicle is damaged while driving on County business. The vehicle must be owned or leased by the permittee; otherwise, the damage will not be covered.

*"To Enrich Lives Through Effective And Caring Service"*

***Please Conserve Paper – This Document and Copies are Two-Sided  
Intra-County Correspondence Sent Electronically Only***

2. Third Party Liability Costs: The County will pay damages for personal injury or property loss incurred by a third party which arise from an accident caused by a permittee driving on County business, providing such liability does not result from fraud, corruption, or actual malice on the part of the permittee. The County does not maintain commercial auto liability insurance – these costs are paid from each department’s operating budget.

### **Permittee’s Private Auto Liability Insurance**

A permittee who is involved in an accident while driving on County business does not have to submit a claim to his or her private insurance company in order to receive the County benefits. However, the employee is responsible for complying with any and all duties, including accident reporting requirements, which are required under his or her private auto insurance policy.

### **Damage Reimbursement Component**

Whenever a mileage permittee’s vehicle is damaged while driving on County business, the County will reimburse the permittee for the reasonable cost to repair the vehicle. The County will reimburse permittees for damage resulting from an accident (regardless of fault). Other types of covered damages include, but are not limited to, a broken window or slashed tires, or for expenses needed to clean or repair a vehicle resulting from the required transportation of other persons in the vehicle (such as when a Children’s Social Worker must transport a child in his or her vehicle, and the child causes damage to the vehicle). If the permittee’s vehicle is stolen while on County business, the County will reimburse the permittee for the fair market value of the vehicle.

Permittees are eligible for this coverage while driving on County business or parked while on County business, but are not covered while commuting to and from home to work. All persons receiving mileage reimbursement, including those designated as occasional drivers, are eligible for damage reimbursement. However, unlike regular permittees, occasional drivers are not covered for damage which occurs while parked at the permittee’s headquarters parking lot.

The County will reimburse a permittee for the actual cost of a rental car, not to exceed \$40.00 per day for up to 30 days for each day the employee is without his or her vehicle that has been damaged and is covered by this program, and actual towing charges to move an inoperable vehicle, limited to 50 miles in towing. Also, the County will reimburse vehicle storage costs, not to exceed \$10.00 per day, for reasonable storage needs.

To obtain reimbursement for damage to his or her vehicle, a permittee must fill out and submit the attached form titled Claim for Damage to Personal Vehicle, (Attachment A), along with two estimates of repair costs and a copy of permittee's mileage certification. Complete instructions for completing the form are included. If the damage was the result of an accident, the employee must also complete the vehicle accident report form (Attachment E).

**HOWEVER** - Permittees **MAY NOT** claim or receive reimbursement from the County and also from his/her private auto liability policy, nor from any other source, including any third party who caused the accident or that party's insurance company.

When requesting reimbursement by filling out Attachment A, a mileage permittee acknowledges that they are obligated to reimburse the County one hundred percent of any other payments received from another source for the same damages. If the reimbursement from another source is greater than the County reimbursement amount, the permittee must reimburse only the County reimbursement amount.

**PERMITTEE ATTEMPTS TO OBTAIN COUNTY REIMBURSEMENT AS WELL AS REIMBURSEMENT FROM ANOTHER SOURCE MAY RESULT IN DISCIPLINARY ACTION.**

Approved claims are paid by each department using the on-line CAPS system using the object code 5985.

### **Third Party Liability Costs**

If a mileage permittee is involved in an accident where there is personal injury or damage to property (other than the permittee's own vehicle), the County will assume the resulting liability costs, with the exception of liability resulting from permittee fraud, corruption, or actual malice, or for certain other exceptions required by County Code Section 5.32.

The County contracts with a private firm, Carl Warren and Company (Carl Warren), to handle auto and other liability claims filed against the County. To ensure Carl Warren has the necessary information, all persons who drive on County business must be given the following documents when they are first certified to drive on County business. In addition, pursuant to the provisions of the Fringe Benefits MOUs, all current mileage permittees in your department must also be given these documents on an annual basis, even if they have been given such documents previously. Current permittees are to be given these forms as soon as possible to comply with these MOU provisions.

- Attachment B is a one-page instruction sheet that should be kept in the permittee's vehicle. This sheet describes the County's third-party auto liability coverage and provides instructions for the permittee to follow in the event of an accident.
- Attachment C is the County Evidence of Financial Responsibility, and must be kept in the permittee's vehicle. This document, rather than the permittee's notice of insurance issued by their private insurance, is to be shown to other parties in case of an accident. In addition, if the permittee's private insurance company requires proof that the permittee is covered by the County while driving on County business, this document can be used as the needed documentation.
- Attachment D is a form that departments may use to document that the permittee has received information concerning the County's Mileage Reimbursement Program, and the permittee's responsibilities in the event of a loss or accident. This form should be kept in the permittee's personnel file.
- Attachment E is the vehicle accident report form. This form must be completed within 3 business days after an accident and submitted to the permittee's supervisor.

### **Providing Proof of Personal Auto Liability Insurance and Driver's License Information**

The Auditor-Controller's fiscal manual has been revised to no longer require departments to have a mileage permittee provide proof of automobile insurance on an annual or other routine basis. However, should the permittee be involved in an accident or file a claim for reimbursement for damage to the permittee's vehicle, the permittee must provide the County with the name of the permittee's private insurance company and policy information.

Departments still need to verify annually that a permittee has a current, valid driver's license.

If you, or your staff, have any questions on this program, please contact the Employee Relations staff member designated to assist your Department.

WTF:JA  
DLW:rld

c: Auditor Controller

Attachments

CLAIM FOR DAMAGE TO  
PERSONAL VEHICLE

I. Employee Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Payroll Title \_\_\_\_\_

Work Address \_\_\_\_\_ Work Telephone No. \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Telephone No. \_\_\_\_\_

Employee's Personal Auto Liability Insurance Company and Policy Number \_\_\_\_\_

II. Damage Information

Date Damaged Occurred \_\_\_\_\_

Year and Make of Vehicle \_\_\_\_\_ Odometer \_\_\_\_\_

Describe How Damage Occurred \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. Repair Estimates

Amount of Claim \_\_\_\_\_

Attach two (2) estimates from licensed automotive repair businesses of the cost to repair the damage to your vehicle.

IV. Certification and Assignment

By signing the form, I certify that the facts contained on this form are true and complete to the best of my knowledge and belief.

I agree to subrogate to the County any right which I may have for reimbursement from others. This includes, but is not limited to, any and all recoveries I may obtain from my own personal auto insurance company, or from any other responsible third party or their insurance company for the damage or destruction of the vehicle which is the subject to the claim, to the extent of the amount of the reimbursement paid to me by the County.

I understand if the lower of the two estimates exceeds the current fair market value of the vehicle the amount of reimbursement shall be calculated by subtracting \$5.00 and the salvage value of the vehicle from the current fair market value.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_\_\_ Date \_\_\_\_\_

## Damage to Employee (Permittee) Vehicle: Eligible Employees

Any mileage permittee (including a permittee designated as an occasional driver) is eligible for reimbursement for damage to his or her personally owned or leased vehicle when such damage occurs while the vehicle is being used in the performance of the permittee's duties as requested by the permittee's supervisor.

Effective January 1, 2001, a mileage permittee (permittee) is covered for damage which occurs while parked at the permittee's headquarters parking lot. Employees who work in the Civic Center and are designated as occasional drivers are **not** covered while parked in their headquarters' parking lot. A vehicle includes an automobile, van, or pickup truck, but excludes motorcycles and "off road" sports vehicles.

Permittees may not claim damages and receive reimbursement from the County and also claim damages and receive reimbursement from another source, such as the permittee's private auto insurance company, a responsible third party or a third party's insurance company.

This means that employees must choose whether to claim reimbursement from the County, or from another source. They may not claim both.

### Exclusions

Reimbursement under this provision is not allowed if the damage occurs:

- While the employee is commuting to or from work;
- While the employee is off duty;
- If the purpose of the trip is to undergo medical examination or treatment, to participate in a civil service examination, or to pursue employee relations matters on the employee's own behalf; or
- If the amount of damage is \$5.00 or less.

### Procedures

To receive reimbursement, an eligible employee must:

- Report the incident to departmental management in a timely manner and complete and sign the Claim for Damage to Personal Vehicle form;
- Attach estimates from two licensed auto repair businesses for the reasonable cost of repairing the vehicle;
- Submit the form to his/her supervisor for processing within ten (10) business days from the date of damage to the vehicle. The employee should NOT send the form to Carl Warren. Doing so will only delay the reimbursement process. Failure to submit the form and required documentation within the specified time will result in a rejection of the claim and reimbursement for damages (County Code Section 5.85.050, A.); and
- Complete the County of Los Angeles Report of Vehicle Collision or Incident form and submit with the packet within three (3) business days if the damage was the result of an accident. Permittees may also claim the costs of rental car coverage (not to exceed \$40 per day for up to 30 days), necessary towing charges (not to exceed 50 miles in towing), and necessary storage costs (not to exceed \$10 per day).

**County Third-Party Auto Liability Protection:  
Information and Instructions for Permittee Drivers**

If you are involved in an accident while driving on County business, the County will defend and indemnify you for any resulting damages to third parties. To be eligible for such liability protection, you must be driving in the course and scope of your County employment, and be designated as a mileage permittee (permittee) or occasional driver by your department.

**PLEASE NOTE: This protection does not apply if you are involved in an accident while driving to and from work, or, if liability for damages to third parties results from fraud, corruption, or actual malice on the part of you, the permittee.**

Permittees who qualify for this liability protection and who are involved in an automobile accident must comply with the following:

- Exchange insurance information with the other party or parties showing the County of Los Angeles: Evidence of Financial Responsibility form that has been provided to you by the County. **Do not admit to fault or liability, nor discuss the circumstances of the accident with anyone other than an investigating officer;**
- Within 24 hours of the accident, contact Carl Warren and Company, the County's claims administrator, at (818) 247-2206 to inform them of the incident. In addition, have your supervisor contact Carl Warren and Company to verify that you are an eligible permittee driving in the course and scope of your County employment;
- Within 3 business days of the accident, fill out the County of Los Angeles Report of Vehicle Collision or Incident and submit the completed form to your supervisor. Your department will have copies of this form; and
- Within 10 days, all permittee drivers involved in a vehicle accident are responsible for completing and filing the State SR-1 form for any accident involving damages of \$750.00 or over, and/or any injury to any party involved. Failure to file this form could affect a permittee's driver's license or registration renewal. Neither the County nor Carl Warren and Company can file the form on behalf of the permittee.

***Note: The County's Auto Liability Protection does not relieve you of the State of California requirement to maintain auto liability insurance and proof of financial responsibility. Mileage permittees are expected to comply with all applicable state motor vehicle laws and regulations.***

**COUNTY OF LOS ANGELES  
EVIDENCE OF FINANCIAL RESPONSIBILITY**

This is to certify that the County of Los Angeles provides automobile liability protection which applies to the employee named below while driving in the course and scope of Los Angeles County employment.

<b>Employee Name:</b>			
<b>Employee Number:</b>			
<b>County Department/ Section:</b>			
<b>California Driver License Number:</b>			
<b>Automobile Make/Model:</b>		<b>Year:</b>	

In case of accident, contact:  
Carl Warren and Company  
Claims Management and Administration  
P.O. Box 116  
Glendale, California 91209  
Phone: (818) 247-2206

**CERTIFICATION OF RECEIPT**

This is to certify that I have read and received a copy of the document entitled, Information and Instructions for Permittee Drivers, and a copy of the County of Los Angeles: Evidence of Financial Responsibility. By signing this Certification, I also agree that:

- I will notify my supervisor of any change in my driver's license status which would preclude me from driving on County business (e.g. suspended, restricted, or revoked license).
- I am not allowed to claim or receive reimbursement for damages both from the County and also from my own private auto liability policy, nor from any other source, including any third party who caused the accident or that party's insurance company.
- In the event I receive reimbursement for damages from another source, including from my own personal auto insurance policy or from a third party or that party's insurance company, that I will return one hundred percent of any County reimbursement I received for the same damage.

\_\_\_\_\_  
MILEAGE PERMITTEE (Print Name)

\_\_\_\_\_  
MILEAGE PERMITTEE (Signature)

\_\_\_\_\_  
DATE

**COUNTY OF LOS ANGELES REPORT OF VEHICLE COLLISION or INCIDENT**  
 FATALITIES OR SERIOUS INJURIES MUST BE REPORTED IMMEDIATELY BY TELEPHONE TO CARL WARREN & CO. (818) 247-2206  
 Prepared for County Council in defense of the County, Special Districts and Employees

VEHICLE DRIVEN BY EMPLOYEE (Check One)			
Dept. Name: _____ Dept. #: _____	<input type="checkbox"/> COUNTY VEHICLE <small>(Includes Veh. Leased or rented by CO.)</small>	<input type="checkbox"/> EMPLOYEE'S VEHICLE Insurance Co. _____ Policy No. _____	CONTRACT CITES SERVICES <input type="checkbox"/> YES <input type="checkbox"/> No If yes, name of contract city _____
DIV. or Facility: _____	Equip. No. _____	Permittee <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION: _____	License No. _____		
IRMIS Code #: _____			
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO POLICE AGENCY REPORTING _____		STATION _____	REPORT # _____
INCIDENT DATE _____ CITY _____		ON _____	AT _____
HOUR _____ AM _____ PM _____ OR AREA _____		(Street or Highway)	
O T H E R  D R I V E R  (1)	DRIVER: _____ Job Title _____ Driver's Lic. No. _____		
	Address: Home _____ Phone _____		
	Work Location _____ Phone _____ Ext. _____		
	VEHICLE: Year _____ Make _____ Model or Type _____ Lic. No. _____ Parts Damaged _____		
PASSENGER: CO. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Home Address: _____ Phone: Work _____ Home _____		PASSENGER: CO. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Home Address: _____ Phone: Work _____ Home _____	
O T H E R  D R I V E R  (2)	DRIVER: _____		
	DRIVER'S LICENSE NO. _____ STATE _____ INSURANCE CO. _____ POLICY NO. _____		
	EMPLOYER _____ <small>(Name of Person, Company, or Organization) (Address) (City) (State) (Zip Code) (Phone)</small>		
	VEHICLE: _____ <small>(Year) (Make) (Model or Type) Veh. Lic. No. (Year) (Number) (State)</small>		
PARTS DAMAGED _____		REGISTERED OWNER _____ <small>(Name) (Address) (City) (State) (Zip Code) (Phone)</small>	
PASSENGER: CO. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Home Address: _____ Phone: Work _____ Home _____		PASSENGER: CO. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Home Address: _____ Phone: Work _____ Home _____	
O T H E R  D R I V E R  (3)	DRIVER: _____		
	DRIVER'S LICENSE NO. _____ STATE _____ INSURANCE CO. _____ POLICY NO. _____		
	EMPLOYER _____ <small>(Name of Person, Company, or Organization) (Address) (City) (State) (Zip Code) (Phone)</small>		
	VEHICLE: _____ <small>(Year) (Make) (Model or Type) Veh. Lic. No. (Year) (Number) (State)</small>		
PARTS DAMAGED _____		REGISTERED OWNER _____ <small>(Name) (Address) (City) (State) (Zip Code) (Phone)</small>	
PASSENGER: CO. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Home Address: _____ Phone: Work _____ Home _____		PASSENGER: CO. Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Home Address: _____ Phone: Work _____ Home _____	
I N J U R E D  A N D O R  W I T N E S S E S	Check One: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY		
	NAME _____ PHONE _____ NATURE OF INJURY _____ ADDRESS _____ TAKEN TO _____		
I N J U R E D  A N D O R  W I T N E S S E S	Check One: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY		
	NAME _____ PHONE _____ NATURE OF INJURY _____ ADDRESS _____ TAKEN TO _____		
I N J U R E D  A N D O R  W I T N E S S E S	Check One: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY		
	NAME _____ PHONE _____ NATURE OF INJURY _____ ADDRESS _____ TAKEN TO _____		
I N J U R E D  A N D O R  W I T N E S S E S	Check One: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY		
	NAME _____ PHONE _____ NATURE OF INJURY _____ ADDRESS _____ TAKEN TO _____		

INSTRUCTIONS: Complete form within 24 hours of vehicle collision and submit to your supervisor.  
If more space is needed to completely answer any category on this form, attach an additional sheet.



INDICATE  
NORTH

DRAW A DIAGRAM AND SHOW HOW COLLISION OCCURRED  
Show your Vehicle as [1] the other Vehicles as [2], [3], etc.

SHOW the location and position of Vehicle(s) at point of impact  
SHOW the name of the street(s) and location of stop signs, signals.  
STATE number of lanes and length of skid marks.

# Co. Vehicles  
Involved \_\_\_\_\_

EXPLAIN CLEARLY HOW COLLISION OCCURRED. USE ADDITIONAL SHEETS IF NECESSARY (IF SHERIFF'S DEPT., STATE IF MDT RELATED?)

**DISTRIBUTION:**

Department procedure for distribution to be followed; copies must be forwarded to the following:

ORIG. & 1 COPY: CARL WARRANT & CO., P.O. Box 116, Glendale, CA 91209-0116  
(Not applicable for Road and Flood Control Vehicles)

(9) WEATHER

- \_\_\_ Clear
- \_\_\_ Rain
- \_\_\_ Fog
- \_\_\_ Dusty
- \_\_\_ Snow
- \_\_\_ Heavy Smog
- \_\_\_ Other

(11) EVASION ACTION

- By Co. Driver
- \_\_\_ Locked Brakes
- \_\_\_ Hard Brakes
- \_\_\_ Slowed/Stopped
- \_\_\_ Steered Away
- \_\_\_ Accelerated
- \_\_\_ None
- \_\_\_ Other

(1) LOCALITY

- \_\_\_ Rural-Hwy/Roadway
- \_\_\_ Residential
- \_\_\_ Business/Shopping
- \_\_\_ Freeway
- \_\_\_ Motor Way (Mtn.)
- \_\_\_ Open Field
- \_\_\_ Private Road
- \_\_\_ Other

(2) OPERATING AREA

- \_\_\_ Non-Intersection
- \_\_\_ Nearing Intersection
- \_\_\_ In Intersection
- \_\_\_ Leaving Intersection
- \_\_\_ Entering Driveway
- \_\_\_ Leaving Driveway
- \_\_\_ Construction Zone
- \_\_\_ Parking/Bus. Lot
- \_\_\_ Other

(3) MOVEMENT

- [ 1 ] [ 2 ]
- \_\_\_ \_\_\_ Straight Ahead
  - \_\_\_ \_\_\_ Lane Change
  - \_\_\_ \_\_\_ Making Right Turn
  - \_\_\_ \_\_\_ Making Left Turn
  - \_\_\_ \_\_\_ Standing
  - \_\_\_ \_\_\_ Parked
  - \_\_\_ \_\_\_ Backing
  - \_\_\_ \_\_\_ Rolling Back
  - \_\_\_ \_\_\_ Moving Unattended

(4) TRAFFIC CONTROLS

- \_\_\_ \_\_\_ None Present
- \_\_\_ \_\_\_ Green Signal
- \_\_\_ \_\_\_ Yellow Signal
- \_\_\_ \_\_\_ Red Signal
- \_\_\_ \_\_\_ Flashing Signal
- \_\_\_ \_\_\_ Stop Sign
- \_\_\_ \_\_\_ Warning Sign
- \_\_\_ \_\_\_ Construction Sign
- \_\_\_ \_\_\_ Other

(5) AMOUNT OF TRAFFIC

- \_\_\_ No Other
- \_\_\_ Light
- \_\_\_ Medium
- \_\_\_ Heavy-Flowing
- \_\_\_ Congested

(6) TERRAIN

- \_\_\_ Level
- \_\_\_ Upgrade
- \_\_\_ Downgrade
- \_\_\_ Hill Crest
- \_\_\_ Dip

(7) ROAD SURFACE

- \_\_\_ Concrete
- \_\_\_ Asphalt
- \_\_\_ Oiled/Gravel
- \_\_\_ Unpaved
- \_\_\_ Other

(8) VISIBILITY

- \_\_\_ Good
- \_\_\_ Fair
- \_\_\_ Poor
- \_\_\_ Very Poor

(10) ROAD CONDITION

- \_\_\_ Dry
- \_\_\_ Wet
- \_\_\_ Muddy
- \_\_\_ Snowy or Icy

(12) SAFETY BELTS

- \_\_\_ Installed, Not Worn
- \_\_\_ Installed and Worn
- \_\_\_ Not Installed
- \_\_\_ Vehicle Unoccupied

(13) EMERGENCY RESPONSE

(Applies to Vehicle driven by employee)

Were red lights and sirens activated? [ ] Yes [ ] No

County Driver's Item No. \_\_\_\_\_ Employee No. \_\_\_\_\_ Age \_\_\_\_\_

Total Yrs. Driving \_\_\_\_\_ Total Yrs. Driving For Co. \_\_\_\_\_ Total Yrs. this type of Vehicle \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SUPERVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF DEPT. HEAD OR AUTH. REPRESENTATIVE

\_\_\_\_\_  
DATE