



Pitney Bowes

Presort Services Driver Safety Kit



Revised: 03/11

Safety Kit

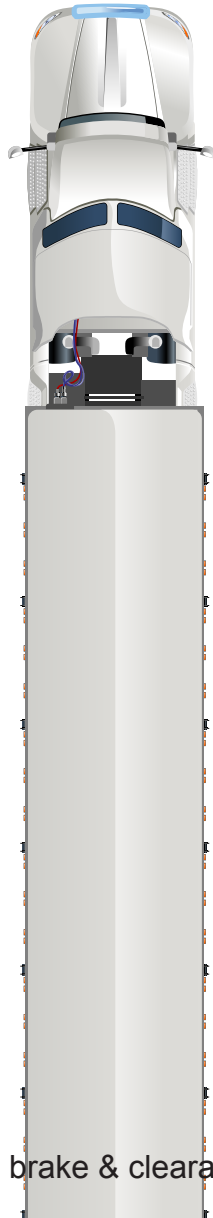
This Safety Kit is designed to aid you with information in case there is an auto accident. In this kit you will find:

- Vehicle Inspection
- Winter Driving Tips
- Backing Tips
- Three Points of Contact
- Contact Information
- Accident Procedures
- Post Drug and Alcohol Testing
- Photographing Accident Scene
Vehicle
- Accident Reporting Procedures
- Incident/Accident Form
- Witness Statement
- Safety Vest
- Disposable Camera

Vehicle Inspection Memory Aid

✓ Headlights, signals & clearance lights

- ✓ Front suspension
- ✓ Front wheel
- ✓ Front brake
- ✓ Cab area



- ✓ Front suspension
- ✓ Front wheel
- ✓ Front brake
- ✓ Cab area

- ✓ Saddle tank area
- ✓ Coupling system
- ✓ Rear tractor wheels
- ✓ Suspension
- ✓ Brakes
- ✓ Rear of tractor
- ✓ Side of tractor
- ✓ Trailer wheels
- ✓ Suspension
- ✓ Brakes

- ✓ Saddle tank area
- ✓ Front of trailer
- ✓ Rear tractor wheels
- ✓ Suspension
- ✓ Brakes
- ✓ Side of tractor
- ✓ Trailer wheels
- ✓ Suspension
- ✓ Brakes

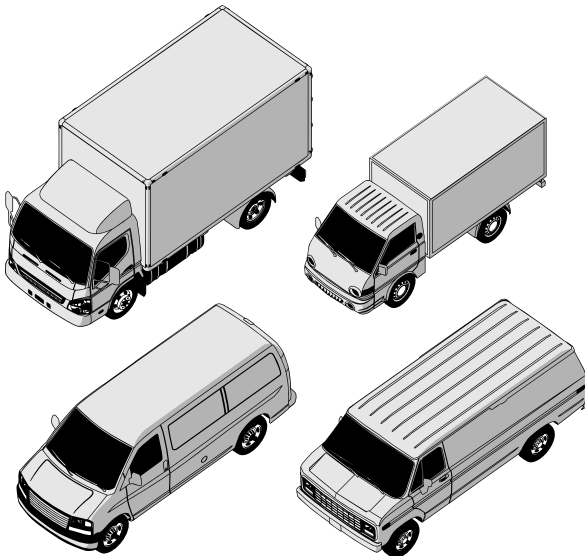
✓ Signals, brake & clearance lights

Vehicle Inspections

ALL vehicle (including van) inspections must be completed at the beginning and end of your work shift. **ALL VEHICLES** must be inspected.

Any and all issues or defects must be documented and reported to management.

No vehicle is to be driven until defects are corrected or signed off by a certified mechanic.



Winter Driving Tips

1. Decrease your speed and leave yourself plenty of room to stop. You should allow at least three times more space than usual between you and the car in front of you.
2. Brake gently to avoid skidding. If your wheels start to lock up, ease off the brake.
3. Turn on your lights to increase your visibility to other motorists.
4. Keep your lights and windshield clean.
5. Use low gears to keep traction (especially on hills).
6. Don't use cruise control or overdrive on icy roads.

7. Be especially careful on bridges, overpasses and infrequently traveled roads, which will freeze first. Even at temperatures above freezing, if the conditions are wet, you might encounter ice in shady areas or on exposed roadways like bridges.
8. Don't pass snowplows and sanding trucks. The drivers have limited visibility, and you're likely to find the road in front of them worse than the road behind.
9. Don't assume your vehicle can handle all conditions. Even four-wheel and front-wheel drive vehicles can encounter trouble on winter roads.

Backing Tips

Visibility

Make sure you can see well. Double check and reposition mirrors before starting the vehicle. Keep windows clean for clear visibility. Remove any obstacles obstructing or distracting your sight within the vehicle. Don't allow anything to block the rear window.

Blind Spots

Be aware of your vehicle's blind spots. Place a 24-inch tall object behind your vehicle, keep moving it back until you can see it in your rear view mirror. This indicates how far back a small child must be in order for you to see her. It is often further than 10 feet! In a large vehicle, it can be much further back. Keep this in mind when preparing to back up. You cannot rely on your mirrors for a complete view of what's behind you.

Walk Around

Before you start your vehicle, get out and look (GOAL). Walk around it to see what's behind you, this is especially applicable in residential settings or store parking lots. Shopping carts can be difficult to see at night. Once you determine the way is clear, immediately begin to back while simultaneously rechecking the path behind you.

Circumstances change, so do not wait several minutes. If your departure is delayed, do another walk around.

Plan Ahead

When parking, observe the terrain and possible obstacles, especially when you are in unfamiliar surroundings. Park in the center of the parking space leaving adequate room on either side of the vehicle for neighboring vehicles.

Driver's Skills

How well you back up depends upon your skills. If you are not confident of your backing ability, practice in a deserted parking lot on weekends using traffic cones. You can improve your skills with practice, which will make you a better driver overall. Turn your head and upper body to watch through the rear window. Keep watching directly and in the rear view mirror. Don't compromise your driving ability with distractions. Turn off the radio, roll down windows and put away the cell phone when backing. Concentrate and stay alert. You may sound your horn briefly twice if backing up in a parking lot or busy area. If you are in doubt while backing, pull forward and do another walk around or ask someone outside the vehicle to spot for you.

Three Points of Contact

Getting on and off equipment and vehicles accounts for one out of every four injuries to those operating equipment or driving trucks; some of these injuries can be quite severe.

In order to avoid these injuries, it is important to understand the three-points of contact rule. Stated quite simply, always keep three points of contact with the ground or the equipment until you are stable on the equipment or on the ground. What this means is that before you lift one of your legs to climb up on the equipment, you must have both hands firmly grasping the equipment to help pull yourself up. Before you let go of one of the hand holds when dismounting, you need to make sure that both feet are firmly planted on the ground.

Contacts

In the event of an accident, follow the instructions on the inside of this guide and contact Sedgwick CMS and your supervisor immediately. If your supervisor is not available, please contact your Regional Transportation Manager.

Regional Contacts

Region	Manager	Cell Number
Standard/IMS	Sean Dick	317.506.6061
West/Texas	Armando Fernandez	323.864.0385
Midwest	Damon Hart	515.208.0169
Atlantic	Mike Keller	860.983.2052

Vendor Contacts

This is the vendor contact information if there are issues.

Vendor	Phone
Penske	800.526.0798
PacLease	800.340.8161
Ryder	866.477.0438
First Advantage	888.496.5654

Post Drug and Alcohol Testing

For post drug and alcohol testing immediately contact your supervisors for direction. If you cannot reach your supervisor for post accident testing, please contact First Advantage Client Services at 888-496-5654. First Advantage will confirm the type of test needed and will identify a collection site for the employee.



Photographing Accident Scene

Whenever you are involved in an accident, always take pictures no matter how minor the damage may seem. This will help to protect yourself and the company in the event of future or fraudulent claims. When taking photographs, try to take pictures of the following:

1. The final position of the vehicles before they are moved.
2. Any skid marks or drag marks.
3. All sides of the other vehicle and damage to your vehicle. Pay particular attention to “old damage.”
4. License plate, unit number and any lettering on the other vehicle.
5. The other driver and passengers as they walk, move around and bend over looking at their vehicle damage.
6. Any other property damage involved, including such things as fences, trees or structures.
7. A fixed object as a reference point such as a street sign, building, fence, etc.
8. An overall view of the scene including your reference point.

Always remember to take pictures, even if there does not seem to be any damage. If you have any questions about photographing the accident scene, please call the Logistics Department.

Vehicle Accident Reporting Procedures

Auto Incidents involve **NO** bodily injury or Third Party involvement. Minor damage claims can be handled internally. If all three of these criteria are met, **DO NOT REPORT TO SEDGWICK**, contact your supervisor.

Auto Accidents involve bodily injury or the possibility of future medical ailments due to the accident or a Third Party (leasing companies, other drivers, or property belonging to anyone other than Presort Services). **ALWAYS FILE AN AUTO ACCIDENT CLAIM WITH SEDGWICK WHEN A THIRD PARTY IS INVOLVED.**

1. **STOP!** Do not leave the scene of an accident. If you or anyone is injured, call 911 immediately. If medical attention is not required, the injury **MUST** be reported to your supervisor.
2. If you are not injured, aid the injured if possible. Do not move the

injured individuals unless absolutely necessary.

3. **Anytime** there is an auto accident, call the police, your supervisor and **report to Sedgwick CMS 24/7 Service** number 866-566-1907. Report the facts but do not admit fault or liability.
4. Exchange information with others involved.
5. Fill out all information on the Incident/Accident Form and/or the Accident Witness Statement.
6. Do not comment on the accident or regarding assumption of liability. Also do not authorize any repairs or make any settlements with the other drivers or their insurance company.
7. Take pictures of the accident scene including vehicles involved or other property damage as a result of the accident.

STEP 1	Accident Date (MM/DD/YYYY)	Time AM/PM	Number of Vehicles Involved	Number Injured	Number of Fatalities	Any Witnesses? (Y / N)
	Was towing required? YES / NO	Weather Rain Snow Foggy Other	Roadway Wet Snowy Dry Icy Rain	Where did the incident/accident happen?		
STEP 2 – PRESORT SERVICES DRIVER INFORMATION	Date of Birth (MM/DD/YYYY)	Age	Sex MALE / FEMALE	Driver License # (as printed on license)	Driver License State	PBPS Location
	Employee First Name			Employee Last Name		
	Employee Address (Number and Street)			City, State & ZIP Code		
	Employee Work Phone	Employee Home/Cell Phone		Employee Injured? YES / NO	Performing Your Normal Job (Y/N) If no, explain	
	Vehicle License Plate Number	State of Registration	Registration Year	Vehicle Year, Make & Model		
	V.I.N. Number			Part of the Vehicle Damaged		
	Tractor/Vehicle Number			Trailer Number		
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	V.I.N.			Part of the Vehicle Damaged		
	Tractor/Vehicle Number			Trailer Number		
STEP 3 - OTHER DRIVER/PROPERTY INFORMATION	Date of Birth (MM/DD/YYYY)	Age	Sex MALE / FEMALE	Driver License # (as printed on license)	Driver License State	
	Were they injured? YES / NO	If so, where were they taken?		Nature of Injury		
	Driver First Name			Driver Last Name		
	Number and Street			City, State & ZIP Code		
	Phone Number	Work Number		Owner Name / Address / Phone (If different than driver)		
	Vehicle License Plate Number	State of Registration	Registration Year	Vehicle Year, Make & Model		
	V.I.N.			Number of Occupants in Vehicle		
	Name of Insurance Company			Insurance Address		
	Policy Number			Insurance Agent Phone Number		

ACCIDENT DETAILS

*****REPORT ACCIDENTS TO SEDGWICK CMS AT (866) 566-1907**

STEP 4	Sedgwick Claim Number	Citation Issued? *Yes or No. If yes, to whom?	* If yes, contact Corporate Transportation Manager.
	Police Report Number	Officer's Name	State Patrol or Local Officer
	Badge Number & Station Location	Police Report Filed? Yes or No	Other Witnesses? Yes or No. If yes, please fill out the Witness Statement form.
STEP 5 – DESCRIPTION OF ACCIDENT AND DIAGRAM	Accident Description (Describe what happened)		
	Accident Diagram. Draw picture of roadway at place of accident, number each vehicle and show direction traveling		

Employee Signature

Date

WITNESS INFORMATION	Date of Birth (MM/DD/YYYY)	Age	Sex MALE / FEMALE	Driver License # (as printed on license)	Driver License State	
	Were they injured? YES / NO	If so, where were they taken?		Nature of Injury		
	Driver First Name			Driver Last Name		
	Number and Street			City, State & ZIP Code		
	Phone Number		Work Number		Owner Name / Address / Phone (if different than driver)	
	Vehicle License Plate Number	State of Registration	Registration Year	Vehicle Year, Make & Model		
	V.I.N.			Number of Occupants in Vehicle		
	Name of Insurance Company			Insurance Address		
	Policy Number			Insurance Agent Phone Number		
WITNESS INFORMATION	Date of Birth (MM/DD/YYYY)	Age	Sex MALE / FEMALE	Driver License # (as printed on license)	Driver License State	
	Were they injured? YES / NO	If so, where were they taken?		Nature of Injury		
	Driver First Name			Driver Last Name		
	Number and Street			City, State & ZIP Code		
	Phone Number		Work Number		Owner Name / Address / Phone (if different than driver)	
	Vehicle License Plate Number	State of Registration	Registration Year	Vehicle Year, Make & Model		
	V.I.N.			Number of Occupants in Vehicle		
	Name of Insurance Company			Insurance Address		
	Policy Number			Insurance Agent Phone Number		