ADMINISTRATIVE DIRECTIVE

The purpose of this directive is to identify procedures related to the management of red light camera violations for employees operating a City-owned vehicle. The directive outlines the process for reporting, investigating and disciplining employees for this type of violation. Employees operating public safety vehicles responding to a legitimate emergency call and receiving a red light camera violation in route to the call response will not be subject to this policy.

A. NOTIFICATION OF INTERNAL VIOLATIONS

1. All internal red light camera violations involving City vehicles will be evaluated for validity by the Denton Police Department. If a violation by a City vehicle is found valid, the Denton Police Department will forward the violation information and related video to Risk Management.

2. Risk Management will be responsible for notifying the appropriate supervisor in the department which corresponds to the vehicle that received the violation. Risk Management will also notify Utilities Safety and Training when appropriate.

3. Once notified by Risk Management of a violation in the department, it is the supervisor’s responsibility to investigate which employee was operating the vehicle. The supervisor will have fourteen (14) calendar days from the date of notification by Risk Management to review the violation and determine employee responsibility.

4. If the supervisor is unable to determine the employee responsible for the violation, then all members of that crew may be subject to the appropriate disciplinary action.

5. The City Manager or Assistant City Manager (ACM) may request an internal investigation be conducted for any red light camera violation, to determine if additional policy or procedure violations occurred.

B. INVESTIGATION

1. Following notification from the Denton Police Department of a violation, Risk Management will conduct the internal investigation of the violation to determine department responsibility.

2. The employee determined to be responsible for the violation has a right to appeal the determination to the ACM responsible for his/her department.
a. The employee should complete Form A (attached)
b. Form A must be submitted to the appropriate ACM within ten (10) calendar days of the employee’s notification of the violation.

3. The decision of the ACM will be final.

C. DISCIPLINE

Discipline for any red light camera violation shall be assessed based on the below table. However, if warranted by the employee’s overall safety, driving and performance record, a higher level of discipline may be applied.

a. First Violation in a cumulative 18 month period – Warning
b. Second Violation in a cumulative 18 month period – Reprimand
c. Third Violation in a cumulative 18 month period – Suspension
d. Four or More Violations in a cumulative 18 month period – Dismissal

D. NOTIFICATION OF VIOLATION FROM AN OUTSIDE AGENCY

1. If a red light camera violation is received from another jurisdiction, the applicable procedures in A, B and C shall be complied with.
2. In addition, the identified employee’s/crew’s Division will be responsible for paying the appropriate monetary Administrative Penalty within the time frame outlined in the citation. If the monetary Administrative Penalty is not paid by the appropriate deadline then the Division shall also be responsible for any additional late charges, fines, interest or penalties.
FORM A

You have the option to appeal a red light camera violation received when operating a City vehicle. If you wish to appeal a red light camera violation, please check the below box, complete this form and submit it to the Assistant City Manager (ACM) responsible for your department within ten (10) calendar days of your notification of the red light camera violation. Failure to submit the form within the required time frame will automatically waive your right to appeal.

☐ I choose to appeal the violation.

Date of Violation: ________________________________

Date Notified by Risk Management: ________________________________

Location of Violation: ________________________________

Employee Name: ________________________________

Department: ________________________________

Reason(s) for this Appeal (please attach additional pages, photos, and/or other supporting documentation if appropriate): ________________________________

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____________________________________________________________

____________________________________________________________

____________________________________________________________

Signature: ________________________________

Date: ________________________________

RM/POLICY/409.08