

DUTY STATEMENT

CHP 129 (Rev. 5-19) OPI 097

CURRENT

COMMAND/ORGANIZATIONAL UNIT Support Services Section/SafetyNet Unit		DIVISION Information Management Division		
CIVIL SERVICE CLASSIFICATION TITLE Program Technician II		BARGAINING UNIT R04	TENURE Permanent	TIME BASE Full-Time
POSITION NUMBER 388-042-9928-045		CURRENT DATE 04/06/2026		
DESIGNATED POSITION FOR CONFLICT OF INTEREST <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONFIDENTIAL DESIGNATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FOR SELECTION STANDARDS AND EXAMINATIONS SECTION USE ONLY		
		APPROVED BY		DATE

FUNCTION OF POSITION
Under the general supervision of the Supervising Program Technician II, the Program Technician II is responsible for but not limited to reviewing, entering, and processing information contained in the CHP 555, Traffic Crash Report, and the CHP 555D, Truck/Bus Crash Supplemental Report in order to apply appropriate federal and state laws, rules, and regulations pertaining to SafetyNet processing for the SafetyNet Unit.

SUPERVISION RECEIVED
The Program Technician II reports directly to and receives the majority of their assignments from the Supervising Program Technician II. However, direction and assignments may also come from the Information Technology Supervisor I and/or Information Technology Supervisor II.

SUPERVISION EXERCISED
N/A

WORKING CONDITIONS
Ability to perform the more technical evaluation of the reports, follow detailed directions, assesses situations independently, accurately, and take effective action. Ability to sort and log documents.

SPECIAL PERSONAL CHARACTERISTICS

PERCENTAGE OF TIME PERFORMING DUTIES	Essential Functions
50%	Receive crash reports daily through an online database and paper crash reports by mail for SafetyNet processing. Review, enter, and process information in the CHP 555 and the CHP 555D to determine if the document can be processed based on specific reported criteria and guidelines established by the Federal Motor Carrier Safety Administration (FMCSA). Review reports daily to determine if commercial vehicles were involved and if a medical transport or vehicle tow was necessary. Process documentation that meets the criteria through multiple screens in the SafetyNet database for transmission to the FMCSA. Maintain and process sensitive information in collision reports which contain vehicle license plates, vehicle identification numbers, and driver licenses' to be processed through various databases.
30%	Read and evaluate varied collision documents for completeness and accuracy regarding the involved drivers and motor carriers identification. Resolve carrier identification by contacting the investigating officer and/or researching federal or state databases including but not limited to: California Commercial Inspection Vehicle System (CCIVS), California Crash Reporting System (CCRS), Motor Carrier Management Information System (MCMIS), and Commercial Enforcement Information Query (CEIQ) system. Independently evaluate each data error challenge, including but limited to: wrong motor carrier data, incorrectly reported data, or missing data from the FMCSA motor carriers. Correct the challenge or provide and explanation for the incorrect data. Use good judgment in converting the state's reported data from state terminology and legal references to the equivalent Federal terminology and legal references.
15%	Corrects errors reported by the Supervising Program Technician II that imports inspection data from the MCMIS, and/or from the federal ITERIS commercial driver/vehicle inspection program to determine proper documentation.
	Non-Essential Functions
5%	Perform other job related duties within the scope of the classification.

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Program Technician II

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388-042-9928-045

TOTAL 100%

The duties of this position are subject to change and may be revised as necessary. I have read and understood the duties listed above and I can perform these duties with or without reasonable accommodation. I have discussed the duties of this position with my supervisor and have received a copy of the duty statement.

PRINT EMPLOYEE'S NAME	EMPLOYEE'S SIGNATURE	DATE
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I have discussed the duties of this position with and have provided a copy of this duty statement to the employee named above.

PRINT SUPERVISOR'S NAME	SUPERVISOR'S SIGNATURE	DATE
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