

## REGULATIONS

1. Vehicles may *only* be used for official university business. Personal use is prohibited and will result in denial of insurance benefits should an accident occur.
2. All drivers *must* be authorized to drive university vehicles.
3. Driving, operating, or using a university vehicle by anyone who has consumed or ingested alcohol, any controlled or illegal substance, or drug that impairs driving ability, is strictly prohibited.
4. The possession of alcoholic beverages, firearms, or illegal drugs is prohibited inside university vehicles.
5. Seat belts *must* be worn at all times by all occupants.
6. The use of cell phones or personal listening devices while driving is prohibited.
7. The use of tobacco in any form is prohibited in university vehicles.
8. Cleats are not permitted to be worn in university vehicles.
9. Food and/or beverages other than water are not permitted to be consumed in university vehicles.
10. Trash, debris and personal belongings are to be removed at the conclusion of each trip. Also, windows must be closed, doors locked and lights off when the vehicle is not in operation. Failure to do so may result in a fine.
11. Drivers must obey all local and state traffic rules, laws and regulations at all times. Chapman University will not be responsible for any moving violations or parking citations received by the driver.
12. No animal or pet may occupy a university vehicle without authorization.
13. Seats may not be removed from university vehicles.

## ACCIDENTS

**ANY ACCIDENT, REGARDLESS OF HOW MINOR THE DAMAGE MAY BE, MUST BE IMMEDIATELY REPORTED.** Some damage may appear to be minor, but the safe operation of the vehicle may have been compromised and the vehicle must be checked for any such damage. Drivers should write down essential information about the accident on the accident scene report form and document the damage with photos. The written accident report should be submitted to your supervisor as soon as possible following the vehicle accident. Details to document should include, but are not limited to, such items as traffic flow, speed limits, stop lights/signs, weather conditions, citations issued, any structure or objects that were damaged, etc. Photos should be taken to document the extent of damage to all vehicles involved or to any property damage. The pictures should include the accident scene from all angles.

To summarize, the steps to be taken in the event of an accident:

### At the scene

- ✓ Stop and render any assistance that is possible, taking steps to prevent any further accidents i.e. move out of the flow of traffic. Passengers should not exit the vehicle before moving out of the flow of traffic. If there are injuries, call 9-1-1.

- ✓ Do not engage in any controversies at the scene of the accident; do not make any commitments or admissions of responsibility; complete the form from the accident reporting kit.

Obtain information

- ✓ Information from the other driver(s) involved in the accident:  
(Use pre-printed accident report form)
  - (a) name and address
  - (b) telephone number
  - (c) driver's license number / state
  - (d) vehicle registration number
  - (e) from the insurance card, the company name and policy number
  - (f) if possible, note the make/model/year of the vehicle
- ✓ Information relative to the environment:
  - (a) note the date and time, if possible, of the accident
  - (b) noticeable injury to any driver(s), passenger(s), or pedestrian(s)
  - (c) noticeable damage to any property
  - (d) road and weather conditions at the time of the accident

- ✓ Information from witnesses  
(Use the pre-printed witness accident questionnaire and distribute to witnesses)
  - (a) name and address
  - (b) telephone number
  - (c) ask the witness(es) to explain in their own words what they saw happen

Submit Information

- ✓ Submit the completed accident report form, accident questionnaires from witnesses, and any photos that were were taken to your supervisor and to Risk Management as soon as possible after the accident.

NOTE: In the event the accident occurs during non-business hours, telephone the details of the accident to university Public Safety Office at (714) 997-6763 and submit the information the next business day to your supervisor. Public Safety and/or the department supervisor should notify Risk Management in the Office of the Executive Vice President.

**ACKNOWLEDGEMENT: I understand the above stated terms and conditions related to the use of Chapman University vehicles including vehicles rented or leased in connection with Chapman University business and understand that failure to adhere to these procedures may not only result in the revocation of driving privileges, but may also result in the receipt of disciplinary action, up to and including dismissal.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Date



# MOTOR VEHICLE SUPERVISOR'S INVESTIGATION REPORT

DRIVER'S NAME		AGE	SOCIAL SECURITY NUMBER
ASSIGNED LOCATION		DEPT	DATE OF LAST DRIVER TRAINING
LOCATION OF ACCIDENT		DATE OF ACCIDENT	TIME OF ACCIDENT
WHAT HAPPENED?			Describe what took place or what caused you to make this investigation. Include type accident or injury, exact part of body, vehicle or equipment damaged, and place of occurrence.
WHY DID IT HAPPEN?			Get all the facts by studying the situation involved.  Question by use of WHY - WHAT - WHERE - WHEN - WHO - HOW
WHAT SHOULD BE DONE?			Determine which of the 12 items under EMP require additional attention. Equipment   Material   People Select            Select Select Arrange    Place            Place Use            Handle    Train Maintain    Process    Lead
WHAT HAVE YOU DONE THUS FAR?			Take a recommended action, depending on your authority.  Follow-up, was action taken effective?
HOW WILL THIS IMPROVE OPERATIONS?			OBJECTIVE  Eliminate job hindrances
INVESTIGATED BY	DATE	REVIEWED BY	DATE
PREVENTABLE <input type="checkbox"/>	NON-PREVENTABLE <input type="checkbox"/>	SEAT BELTS:    YES <input type="checkbox"/> No <input type="checkbox"/>	

# Accident Scene Report

## SIGNATURES

Employee \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Date \_\_\_\_\_

## OPERATOR

Name \_\_\_\_\_  
Dept. \_\_\_\_\_  
Age \_\_\_\_\_  
Social Sec. No. \_\_\_\_\_

## DESCRIPTION OF MEMBER VEH.

Year, Make & Model \_\_\_\_\_  
License Tag No. \_\_\_\_\_  
Serial No. \_\_\_\_\_  
Nature of Damage \_\_\_\_\_

## ACCIDENT INFORMATION

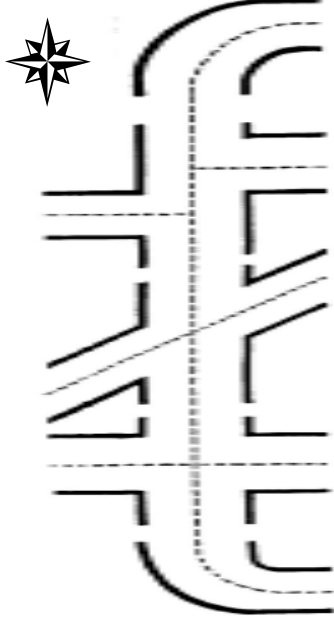
Date \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m.  
Where did it occur? \_\_\_\_\_  
Weather at time of accident \_\_\_\_\_  
Condition of Road \_\_\_\_\_  
Rate of speed \_\_\_\_\_ / \_\_\_\_\_  
Member Veh \_\_\_\_\_ Other Veh \_\_\_\_\_  
What warning was given? \_\_\_\_\_  
Was this accident reported to police? \_\_\_\_\_  
Police Officer \_\_\_\_\_  
Police Report No. \_\_\_\_\_

## DESCRIPTION OF ACCIDENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DIAGRAM OF ACCIDENT

Complete the following diagram showing direction & positions of vehicles involved, designating clearly point of contact. Show the names of streets.



Your Vehicle  Other Property 

Name of Registered owner \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Driver \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
FAX \_\_\_\_\_  
Driver's License No. \_\_\_\_\_  
Vehicle License Tag \_\_\_\_\_  
Name of Insurance Co. \_\_\_\_\_  
Agent's Name and No. \_\_\_\_\_  
Nature of Damage \_\_\_\_\_

## INJURED PERSONS

1. Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
2. Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
3. Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## IMPORTANT WITNESSES!

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

## NAMES OF PASSENGERS

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_