

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 the disposable camera (if photos were taken) to your supervisor 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

WITNESS ACCIDENT QUESTIONNAIRE

The University requires that all motor vehicle accidents be reported accurately. Your aid to our driver in the performance of this duty is appreciated.

[illegible]

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. <u>Equipment</u> <u>Material</u> <u>People</u> 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	
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 _____

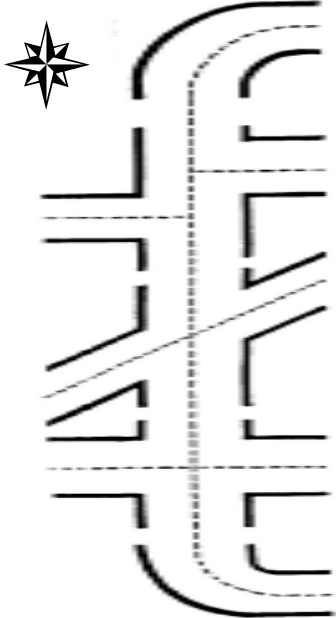
ACCIDENT INFORMATION

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 _____