Purpose:
Ursinus College makes college vehicles available to students, faculty and staff for use supporting the College’s mission. The vehicles represent a significant investment for the College and a potential liability if they are improperly used. Faculty and Staff may lease vehicles or drive personal vehicles on behalf of the college.

This policy outlines the following:
- Van reservation criteria
- Driver criteria
- Safe operating requirements
- Accident reporting and investigation
- Rental vehicle criteria

Policy:
I. Fleet Vehicle Reservations
The College maintains a fleet of mini vans. Vehicle quantities and types vary with the needs of the College. These vans may be used for college travel.

A. Reservation Priority Process
1. Two weeks prior to the start of the semester, Facilities Services will solicit, via email, reservations for the upcoming semester supporting the academic mission.
2. One week prior to the start of the semester, Facilities Services will accept reservations supporting non-academic college services.
3. Athletics may reserve vans but may be bumped for academic needs up to seven days before the reserved date.

B. Making Reservations
1. All reservations must be made with the Facilities Services Service Response Desk, x3598 or email lrobb@ursinus.edu M-F 8 AM to 4:00 PM, at least four hours before the van is required for the leased fleet of mini vans.
2. A Faculty or Staff member must make the reservation. No reservations will be accepted from students.
3. A valid account number must be given at the time of the reservation. No vehicle can be reserved without an account number and destination.
4. **If a reservation is no longer needed, please cancel the reservation immediately so the vehicle will be available for use by others. If you neglect to cancel at least 48 hours in advance, and vans were rented to fulfill the requested needs of the day, your department will be charged for the rental van cost at the current daily rate.**
5. Please reserve the vehicle only for the time required.
6. Please let the Service Response Desk know if you will also require a gas card to fuel the vehicle if you intend to use more than one tank of fuel.
7. **Trips exceeding 3 hours one way** - If driving time exceeds three hours, two authorized drivers must be available. The drivers are required to share driving duties.
II. Operating Requirements

A. Operator Licensing

1. All College vehicle operators and drivers operating a vehicle rented on behalf of the College must have a valid and current United States driver’s license. The College will conduct a review of your driving record. You will not be eligible to operate a college fleet vehicle if you meet any of the following criteria:
   a. 3 or more moving violations and/or accidents in the most recent 3 years
   b. 2 or more moving violations and/or accidents in the most recent year
   c. A “major convictions” within the last 5 years. “Major convictions” include:
      1) Driving while intoxicated or ‘under the influence (DWI or DUI)
      2) Leaving the scene of an accident
      3) Careless or reckless driving violations
      4) Homicide or assault through use of a motor vehicle
      5) Attempting to elude a police officer
      6) Drivers who have a suspended or revoked license or those who have had 3 or more license suspensions in the past
   d. Less than 2 years’ driving experience from the date of license issuance to be considered. Exceptions may be made for student drivers with only 1-year experience driving for community service organizations within the local (Norristown – Pottstown) area. Student drivers who are within 60 days of the 2-year anniversary of license issuance will be considered on a case by case basis by the Director of Facilities Services if the MVR (motor vehicle record) check is completely clear.
   e. Driving record cannot be reviewed by the college’s insurance company.

2. Student drivers must meet the following criteria each academic year before operating a college fleet vehicle or a vehicle rented on behalf of the college:
   a. Complete and sign the Van Driver Application and Rules (Appendix A).
   b. Complete the required driver training course provided at Facilities Services. You will not be permitted to drive until this training is completed and the MVR approved.
   c. Provide your valid driver's license in person to the Service Response Desk Complete and sign the Applicant Notice and Consent Document (Appendix B) for review of your driving record and PENNDOT Request for Driver Information (Appendix B1) if licensed in Pennsylvania.

3. Faculty and Staff drivers must provide his/her driver’s license number, name as it appears on the license, and date of birth to the Environmental Health & Safety/Risk Manager. Annually, the Environmental Health & Safety/Risk Manager will contact Faculty/Staff to confirm his/her intent to drive a college vehicle or rent a vehicle for college business.

4. Drivers who are ineligible will be so for three years, at which time their full driving privileges will be restored if they have had no other violations during that period. The college may elect to check the MVR after two years and restore partial driving privileges if it is in the best interest of the college and there have been no violations.
5. Vehicle operators are required to notify the Service Response Desk if, after you are an eligible fleet vehicle operator, you subsequently meet any of the above criteria that warrant revocation of your fleet vehicle operating privilege.

6. The college reserves the right to review any college vehicle operator’s driving record and revoke fleet vehicle driving privileges at any time. The college’s insurance company or third-party provider will check faculty and staff MVRs.

7. Motor vehicle driving record (MVR) reviews may take up to 7 business days.

8. No keys will be given to anyone who is not an approved fleet vehicle operator.

B. Obtaining the Vehicle
*Please note – the van fleet will be grounded if the Dean’s office declares an inclement weather day or the Director of Facilities determines the weather has deteriorated sufficiently in the afternoon or on weekends to make driving unsafe.

1. Obtaining keys:
   a. During normal business hours (M-F 8 AM to 4:30 PM) please pick up keys at the Facilities Services Offices.
   b. Outside of normal business hours, Facilities Services will deliver keys to the Campus Safety office for reserved vehicles.

2. Fleet Vehicles are parked in numbered spaces in the gravel lot adjacent to New Hall. The envelope received for the van will the list the number of the van.

3. A Van Travel Log (Appendix E) will accompany the keys and must be completed and returned with the keys to the Facilities Services Office.

4. Inspect the vehicle for visible damage and safety concerns prior to driving the vehicle.
   a. Look for things such as dents, broken windows and lights, flat or low tires, or interior damage. Note any non-safety damages on the Van Travel Log. If you do not notify Facilities Services in advance of damages, you will be held responsible for those damages.
   b. If safety concerns exist
      1) During normal business hours, Facilities Services will repair minor issues (i.e. flat tire), if able, or provide another vehicle, if available.
      2) Outside of normal business hours, please do not operate the vehicle.
   c. Start the vehicle and look for any warning lights that remain on
      1) **Do not drive the vehicle if the Check Engine Light remains lit.**
      2) If the maintenance light remains lit, please note on the Van Travel Log. It is okay to drive the van.
      3) Check the fuel level and make sure there is enough fuel for you to make your trip.
      4) Record starting mileage and departure time on the Van Travel Log.
      5) Read the Safety and Operating Instructions at the bottom of the Van Travel Log.

C. Vehicle Operation
1. Follow all Safety and Operating Instructions listed at the bottom of the Van Travel Log.
2. All occupants must wear a seat belt at all times.
3. Ursinus College may revoke Fleet Vehicle driving privileges at any time from anyone violating the Safety and Operating Instructions.

D. In the event of an accident
(*All accidents must be reported regardless of damage. Failure to report any accident and notification of police may result in the loss of privileges.)
1. If and when safe to do so, move the vehicle to the side of the road. Turn on your flashers and interior lights.
2. Call 911 to report the accident and request emergency assistance.
3. Obtain proper insurance information including:
   a. Registration and insurance cards
   b. Name and phone number of driver and passenger(s)
   c. Provide the Facilities Services phone number (610-409-3598)
4. Report the accident to Campus Safety (610-409-3333) and Facilities Services (610-409-3598). In addition, students should contact his/her advisor.
   *The Environmental Health & Safety/Risk Manager will conduct a Post Accident Investigation (Appendix E) and contact the College’s insurance carrier.

E. Tolls – Tolls are the responsibility of the department. NO EZ PASSES MAY BE USED IN THE COLLEGE VANS. Your department will be responsible for paying the state fines beginning at $25/use plus toll charge. Personal EZ Passes are not permitted to be used with business vehicles.

F. Returning the vehicle
1. Park the vehicle in the correct numbered spot in the gravel lot corresponding to the vehicle. If the space is occupied, park the vehicle in another space in the same lot.
2. Complete the Van Travel Log.
3. Remove all trash and personal items.
4. Return the envelope with the keys and completed Van Travel Log to the Facilities Services office even if you picked up the envelope in Campus Safety. If after hours, place the envelope with the keys and completed Van Travel Log through the Facilities Services Offices key drop slot.
5. Always return the keys and Van Travel Log upon your return to campus. Please do not keep the keys overnight.

III. Rental Vehicles
The college has a small fleet of leased vans designated for use to support the academic mission. On days that all leased vans are reserved, Facilities will rent vans for activities that support the academic mission. The same reservation guidelines apply (See I-II) with the following changes:
A. Pick up the rental van in the Facilities Services parking lot.
B. Return the rental van to the Facilities Services parking lot.
C. Deposit the envelope containing the key, rental contract, insurance card, and van travel log in the Facilities Services key slot upon your return to campus.
All safety and operating instructions outlined in this policy apply.
IV. Rental Vans – 12 Passenger Vans

**** RENTAL OF 15 PASSENGER VANS IS PROHIBITED BY THE COLLEGE.****

The College strongly discourages the use of 12 passenger vans and will not rent these vans in lieu of using 8 passenger vans for regular institutional activities. However, the College recognizes that there are some situations such as in the case of Athletic teams, the use of these types of vans is necessary. These vans will not be rented in place of 8 passenger vans. If it is not feasible to use a mini-bus or bus for the activity, 12 passenger vans may be used providing all the criteria listed below are met.

A. To be approved to drive 12 passenger vans, drivers must meet the following criteria:
   1. Drivers should have no less than 6 years of driving experience and at least 24 years of age.
   2. Pass the Operating Licensing requirements in section II.A.
   3. Follow Vehicle Operations in section II.C including the use of seat belts at all times.
   4. Complete the 12-passenger van specific training. Contact the EHS/Risk Manager for access to the training. Sign the training acknowledgement sheet (Appendix E).

B. Additional Operating Information
   1. Be aware of the risks of rollovers. The rollover risk for 10 or more occupants is nearly three times the rate if the van only had five occupants.
   2. No roof-top loads or luggage permitted. In-vehicle luggage and equipment are not permitted above seat level, should be relatively lightweight and not block the driver’s view.
   3. If driving time exceeds three hours, two authorized drivers must be available. The drivers are required to share driving duties to minimize when the vehicle is in motion.
   4. Front seat passengers are required to act in an assistant capacity to help with navigation and other non-driving duties.

C. Accidents
   1. Follow steps 1-4 of section II.D.
   2. Notify your department head or designee and provide information about the accident.
   3. The department head or designee should contact the Environmental Health & Safety/Risk Manager or the Director of Facilities.
V. Billing

A. Vehicle charges will be made as follows:
   1. Departments using college vehicles will be assessed a mileage charge that covers fuel and maintenance costs for the vehicle. This includes vans rented via Facilities Services.
   2. The mileage charge may be adjusted at any time because of market conditions.
   3. Rental vehicle charges will be assessed to the using department at the rate of the direct van rental cost from the supplier. Requestors will be told if they will pay the rental rate when making a reservation if all college vans are booked.
   4. Facilities Services provides the Business Office with charge amounts at the end of each month.
   5. The Business Office then charges the various departments the requisite amounts.

B. Vehicle operators are responsible to pay any fines incurred with fleet vehicle operations.

C. Individuals and/or departments may be billed for vehicle damages in the event damage is caused by negligence.

D. Questions? Contact the Facilities Services Service Response Desk x3598
Appendix A

Van Driver Application and Rules

NAME____________________________________________ YEAR/GRADUATION__________

HOME ADDRESS______________________________________________
___________________________________________________________
___________________________________________________________

CONTACT PHONE #_______________________

DRIVERS LICENSE #_________________________________ STATE OF ISSUE____________

A copy of student’s valid driver’s license must be attached to registration form.

YEARS DRIVING EXPERIENCE__________

Do you have any moving violations? ___Yes ___No   Points Assessed_________

Please explain any tickets, moving violations or accidents that you have been involved in during the last 3 years:
____________________________________________________________________________
____________________________________________________________________________

I give my permission to have Ursinus College and/or their insurance agent check with Motor Vehicles to investigate my record. _____Yes _____No

Listed below are rules that must be followed while driving the Ursinus College van:

➢ My driver’s license with me in the van.
➢ No alcohol, drugs or tobacco may be consumed by any person in the van before or during its use.
➢ No more than 8 people, including the driver, may ride in the leased vans, 7 for the rental vans.
➢ Only current faculty/staff/students may ride in the vans.
➢ All traffic laws will be strictly adhered to while driving the van and all occupants shall be wearing seat belts at all times. Any violations (moving or parking) will be the financial responsibility of the driver.
➢ Upon return to campus, the vehicle will be parked in the appropriate lot – please check the van log for return information. Keys and completed van logs MUST be returned to the Facilities Services office and dropped in the key drop unless prior arrangements are made by the Service Response Coordinator.
➢ The vehicle will be cleaned of all personal belongings and trash and will be locked upon exiting.
➢ Report any damage or accident immediately to the Facilities Services office during business hours or contact Campus Safety at 610-409-3333 after business hours or on weekend.
➢ Vehicle will be picked up at the appointed time and will be returned to the campus by the end of the stated registration time—vehicle MAY NOT be kept longer than the scheduled reservation for any reason.

I have completed the required driving training. ______________________ (initial and date)

The above information is correct to the best of my knowledge. I will adhere to the rules as stated above and understand that I am responsible for the vehicle.

Any deviation from the rules may result in the loss of the privilege of the use of the van by the driver or the group authorizing the trip.

Signature____________________________________________________Date______________
Appendix B

Applicant Notice and Consent Document

Client Code: URSIN

MVR □ OTHER □ (please select) □

Authorized Agent: ___________________________ Time/Date Sent: ___________________________ 

NOTICE TO APPLICANTS

Your employer has contracted with First Contact HR to verify certain information contained in your application for employment (including contract for services) or provided by you during the interview process. The information requested below is necessary to complete this task. This information is NOT a part of the application for employment and will be used for the sole purpose of verification of information, and or statements made by you. Please complete all information requested.

APPLICANT'S LEGAL NAME: ______________ ______________ ______________

Last Name First M.I.

DAYTIME PHONE #: ______________________________ EVENING #: ______________________________

CURRENT HOME ADDRESS: ______________________________

Street ______________________________ City/State ______________________________ Zip ______________________________

DATE OF BIRTH: ______________________________ SOCIAL SECURITY #: ______________

Month/Day/Year ______________________________

DRIVER'S LICENSE #: ______________________________ STATE OF ISSUANCE: ______________________________

It is possible that your employment may be determined in whole or in part by your employer using data from a report supplied by First Contact HR, 535 West Pennsylvania Avenue, Suite 101, Fort Washington, PA 19034. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

APPLICANT CONSENT: I understand and agree that First Contact HR will verify all or part of the information I have given my employer. I understand that this verification may include an inquiry into my credit history, driving record, criminal and civil records, felony & misdemeanor and deferred adjudication records, prior employment (including contacting prior employers), education (degree, GPA and attendance) as well as other public record information. I understand I may be required to provide a sample (either urine or hair) for a screening for illegal drugs. I agree that such information which First Contact HR has or obtains, and my employment history if I am hired, may be supplied by First Contact HR to other companies that subscribe to First Contact HR. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for employment.

APPLICANT'S SIGNATURE: ______________________________ DATE: ______________________________

www.firstcontacthr.com www.workercheck.com
# Fleet Safety Policy

## Facilties Services

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### Appendix B1

**REQUEST FOR DRIVER INFORMATION**

**PRINT OR TYPE ALL INFORMATION LEGIBLY. SEE REVERSE FOR INSTRUCTIONS / INFORMATION**

**CHECK [ ] ONE ONLY:**
- BASIC INFORMATION: $5.00 FEE (Driver history is not included)
- 3 YEAR DRIVER RECORD: $5.00 FEE
- 10 YEAR DRIVER RECORD: $5.00 FEE (Employment Purposes Only)

**You may obtain a copy of your own 3 Year and/or 10 Year Driving Record on PennDOT’s website at www.dmv.state.pa.us**

---

#### A. REQUESTER INFORMATION

<table>
<thead>
<tr>
<th>NAME/COMPANY</th>
<th>NAME/COMPANY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS P.O. Box number may be used in addition to the actual address, but cannot be used as the only address.</td>
<td>ADDRESS (PO Box not acceptable), need to provide physical location of business/residence</td>
</tr>
<tr>
<td>CITY</td>
<td>CITY</td>
</tr>
<tr>
<td>STATE</td>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>ZIP CODE</td>
</tr>
<tr>
<td>DAYTIME TELEPHONE NUMBER (REQUIRED)</td>
<td>DAYTIME TELEPHONE NUMBER (REQUIRED)</td>
</tr>
<tr>
<td>RELATIONSHIP TO DRIVER (REQUIRED)</td>
<td>RELATIONSHIP TO DRIVER (REQUIRED)</td>
</tr>
</tbody>
</table>

**SIGNATURE X**

**NOTARIZATION NOT REQUIRED WHEN REQUESTING YOUR OWN RECORD**

---

#### B. END USER OF INFORMATION BEING REQUESTED

**NAME/COMPANY**

**ADDRESS**

**CITY | STATE | ZIP CODE |
|-------|-------|---------|

**PHONE NUMBER**

**DRIVER NUMBER**

**DATE OF BIRTH | SOCIAL SECURITY NUMBER**

<table>
<thead>
<tr>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

#### C. DRIVER INFORMATION

**NAME**

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>INITIAL</th>
</tr>
</thead>
</table>

**ADDRESS**

**CITY | STATE | ZIP CODE |
|-------|-------|---------|

---

#### D. AFFIDAVIT OF INTENDED USE

**Intended Use of the Information Requested: CHECK ONLY ONE**

- B = Driver Release (Driver has given written authorization to obtain his/her record)
- C = Credit (In connection with a credit transaction involving the driver)
- E = Employment (To support the hiring or the continuation of employment. Employer must have driver’s signed release on file)
- R = Insurance Company requesting record of person it intends to insure, now insured, or has rejected for insurance.
- K = Court Order must be attached. (A subpoena issued in compliance with Pa. R.C.P. 606.1 will be accepted in lieu of a court order)
- L = Attorney representing driver identified in Section C (Driver has given written authorization to obtain his/her record)

---

**I hereby certify that**

**PRINTED NAME OF REQUESTER**

**will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/we have read and signed this form after its completion. I/we swear or affirm that the statements made herein are true and correct and that any statement made on or pursuant to this form is subject to the penalties of 18 PA C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding $5,000, or to a term of imprisonment of not more than two years, or both.**

**SIGNATURE OF REQUESTER**

---

#### E. DRIVER RELEASE

**NAME OF DRIVER**

**hereby request**

the Department of Transportation to furnish a copy of my PA Driver's Record to

**NAME OF PERSON/COMPANY**

**SIGNATURE OF DRIVER**

---

#### F. MICROFILM

**TYPE OF DOCUMENT | DATE OF VIOLATION**

(see list of available documents below)

**Documents Available:**
- Citations
- Court Certifications
- Applications
- License Renewals
- Judgments
- Suspension Credit Affidavits
- Suspension/Revocation Letters
- Restoration Letters
- Recfined Letters
- Department Hearing or Exam Notice

---

**MESSENGER NO.**
Appendix C

Name of Driver_________________________________ Date of Trip_______________________

Sponsoring Department_________________________ Account #______________________

Authorized by________________________________

MILEAGE AT START OF TRIP_____________________________

MILEAGE AT END OF TRIP________________________________

Total Miles Driven______________

Destination______________________________ Type of Activity_____________________

Time of Departure_________ Anticipated Return Time______     Actual Return Time_______

Safety and Operating Instructions:

➢ Inspect the vehicle for visible damage such as flat tires, broken windows/mirrors, or dents prior to departure. If damage noted, contact Facilities Services/Campus Safety.
➢ ONLY FACULTY/STAFF MEMBERS OR APPROVED UC STUDENT DRIVERS MAY DRIVE THE VEHICLE.
➢ Van drivers are not permitted to use cell phones while driving. Should you need to use your cell phone, pull safely off the road and park first.
➢ Van drivers are not permitted to wear audio headphones of any kind while driving.
➢ No alcohol, drugs or tobacco may be consumed or possessed by any person in the van before or during trip.
➢ No more than 8 people should be riding in the van, including the driver.
➢ All occupants must use seat belts and all traffic laws should be strictly adhered to while driving the van.
➢ All tolls, parking fees, and parking or moving violation tickets are the responsibility of the driver and/or sponsoring department. URSINUS COLLEGE IS NOT RESPONSIBLE FOR PAYMENT OF MOVING OR PARKING VIOLATION FEES. YOU MAY NOT USE YOUR PERSONAL EZPASS IN A COLLEGE VAN. Your department will be responsible for any fines resulting in the use of your EZ Pass – fines start at $25/illegal use plus the toll charge.
➢ Departments will be charged the current rate per mile, which includes gasoline, or applicable rental fees.
➢ FOR ROADSIDE ASSISTANCE AND ACCIDENTS SEE REVERSE SIDE OF THIS SHEET FOR DIRECTIONS.
➢ Vehicle must be returned to the gravel lot by New Hall (Facilities side), cleaned out of personal belongings and trash and locked when exiting.
➢ Keys and completed van log should be returned to Facilities Services and dropped through the key drop slot in the office door upon return to campus.

Flat Tire, Engine Trouble, or Other Non-Accident Event

1. **If and when safe to do so**, move the vehicle to the side of the road. Turn on your flashers and interior lights.

2. Call **ROADSIDE ASSISTANCE** –
   a. **For Toyota vans**, call 1-800-444-4195.
   b. **For Honda vans**, call 1-866-864-5211.
   c. **For Rentals**, call the number on the paperwork provided at pick up.

3. Contact Campus Safety (610-409-3333) after hours and Facilities Services (610-409-3598) 8:00am-4:30pm for further direction and assistance.

4. Notify your advisor as soon as possible.

**Steps to Take in the Event of an Accident**
(*All accidents must be reported regardless of damage. Failure to report any accident and notification of police may result in the loss of privileges.)*

1. **If and when safe to do so**, move the vehicle to the side of the road. Turn on your flashers and interior lights.

2. **Call 911** to request emergency assistance (police, fire, and ambulance.) Be prepared to provide your name, location, and phone number as requested by the dispatcher.

3. Only provide first aid if trained to do so.

4. Contact Campus Safety (610-409-3333) after hours and Facilities Services (610-409-3598) 8:00am-4:30pm for further direction and assistance.

5. If a student, notify your advisor as soon as possible.

6. Obtain proper insurance information including:
   a. Registration and insurance cards (Ursinus cards located in the glove box.)
   b. Name and phone number of driver and passenger(s)
   c. Provide the Facilities Services phone number (610-409-3598)
   d. **PA law requires you to provide your driver’s license to the other driver.**

7. Upon return to campus, go to Campus Safety to complete a report.

8. Contact Facilities to set up a time to review the accident with the Environmental Health & Safety/Risk Manager.
Appendix D
Post Vehicle Accident Investigation Checklist

The purpose of this checklist is to determine the cause of the accident, to evaluate whether changes are needed for the College’s fleet policy, and to educate the driver on how to prevent and/or avoid it from occurring in the future. The Environmental Health and Safety/Risk Manager or other designated Facilities Services employee will conduct the post vehicle accident investigation.

Investigator __________________________       Investigation Date ________________
Accident Date ________________________       Accident Time ________________
Accident Location (include street names, town and state) _____________________________

Vehicle #1 and Driver Information:
Name of Driver _____________________      Name of Passenger(s) _____________
Vehicle Description (make, model, and year) _______________________________

Vehicle #2 and Driver Information:
Name of Driver _____________________      Name of Passenger(s) _____________
Vehicle Description (make, model, and year) _______________________________

Vehicle #3 and Driver Information:
Name of Driver _____________________      Name of Passenger(s) _____________
Vehicle Description (make, model, and year) _______________________________

Description of Weather Conditions during Accident _____________________________
_______________________________________________________________________
_______________________________________________________________________

Injuries/Fatalities _________________________________________________________
_______________________________________________________________________

Was the vehicle struck in the rear by other vehicle?  ☐ Yes ☐ No
If yes, check all that apply.
☐ Was your vehicle legally and properly parked?
☐ Were you proceeding in your own lane of traffic at a safe and lawful speed?
☐ Were you stopped in traffic due to existing conditions?
Fleet Safety Policy
Facilities Services

Post Vehicle Accident Investigation Checklist

☐ Were you stopped in compliance with traffic sign or signal or the directions of a police officer or other person legitimately controlling traffic?
☐ Were you in the proper lane waiting to make a turn?

Did you have to make a sudden stop while passing slower traffic near an intersection?
☐ Did you make a sudden stop to park, load, or unload?
☐ Were you improperly parked?
☐ Did you roll back into vehicle behind while starting on grade?

Was the vehicle struck while parked?  ☐ Yes  ☐ No
If yes, check all that apply.
☐ Were you properly parked in a location where parking was permitted?

Did the accident occur at an intersection?  ☐ Yes  ☐ No
If yes, check all that apply.
☐ Did you fail to control your speed so that you could stop within available sight distance?
☐ Did you check for cross traffic and wait for it to clear before entering the intersection?
☐ Did you pull out from a side street in the face of oncoming traffic?
☐ Did you collide with a person, vehicle, or object while making a right or left turn?
☐ Did you collide with a vehicle making turn in front of you?

Did you strike other vehicle in the rear?  ☐ Yes  ☐ No
If yes, check all that apply.
☐ Did you maintain safe following distance and have the vehicle under control?
☐ Did you fail to notice changing traffic conditions and not slowdown?
☐ Did you fail to notice that the vehicle ahead was moving slowly, stopped, or slowing down?
☐ Did you misjudge the rate of overtaking?
☐ Did you come too close to the other vehicle before pulling out to pass?
☐ Did you fail to wait for the car ahead to move into the clear before starting up?
☐ Did you leave sufficient room for passing vehicle to get safely back in line?

Did the accident include a sideswipe or head-on collision?  ☐ Yes  ☐ No
If yes, check all that apply.
☐ Were you entirely in the proper lane of travel?
☐ Did you pull to your right and slow down and stop for the vehicle encroaching your lane of travel assuming it was safe to perform?

Did you fail to yield the right-of-way when necessary to avoid the accident?  ☐ Yes  ☐ No

Did the accident occur while backing up?  ☐ Yes  ☐ No
Post Vehicle Accident Investigation Checklist

If so, check all that apply.

☐ Was a better route available?

☐ Did you back into traffic stream unnecessarily?
☐ Did you get out of the vehicle to check the proposed path of backward travel?
☐ Did you depend solely on your mirrors when it was practical to look back?
☐ If backing up a long distance, did you get out of the vehicle periodically to re-check the conditions?
☐ Did you sound your horn while backing up?
☐ Did you check behind your vehicle parked at curb before attempting to leave parking space?
☐ Did you rely solely on a guide to help you back up?
☐ Did you back from your blind side?

Did the accident include a train? ☐ Yes ☐ No If yes, check all that apply.
☐ Did you attempt to cross tracks directly ahead of train or streetcar?
☐ Did you run into the side of a train or streetcar?
☐ Did you stop or park on or too close to the tracks?

Did the accident occur while passing another vehicle? ☐ Yes ☐ No
If yes, check all that apply.

☐ Was the view of road ahead obstructed by hill, curve, vegetation, traffic, adverse weather conditions, etc?
☐ Did you attempt to pass in the face of closely approaching traffic?
☐ Did you signal your lane change to the other driver?

Did the accident occur while being passed? ☐ Yes ☐ No
If yes, check all that apply.

☐ Did you stay in your lane and hold or reduce your speed to permit safe passing?

Did the accident occur while entering traffic stream? ☐ Yes ☐ No
If yes, check all that apply.

☐ Did you signal when pulling out from curb?
☐ Did you check traffic before pulling out from curb?
☐ Did you look back to check traffic if mirrors did not show traffic conditions?
☐ Did you pull out in a manner that caused other vehicles to change speed or direction?
☐ Did you make a full stop before entering from the side street, alley, or driveway?
☐ Did you make a full stop before crossing sidewalk?
☐ Did you yield the right-of-way to approaching traffic?

Did the accident involve a pedestrian? ☐ Yes ☐ No
If yes, check all that apply.

☐ Did you reduce speed in the area of heavy pedestrian traffic?
☐ Were you prepared to stop?
Post Vehicle Accident Investigation Checklist

Did the vehicle have any mechanical defects?  □ Yes  □ No
If yes, check all that apply.
 □ Did you make the required pre-trip inspection of the vehicle?
 □ Did you notice any problems during the normal operation of the vehicle?
 □ Did you handle the vehicle as if it was your own?

General questions. Check all that apply.
 □ Were you operating the vehicle at a speed consistent with the existing conditions of road, weather, and traffic?
 □ What was your estimated speed?  __________
 □ Did the speed you were traveling permit enough distance to stop?
 □ Did you misjudge the available clearance?
 □ Did you fail to yield the right-of-way to avoid the accident?
 □ Did you misjudge the existing conditions?
 □ Did you violate any UC rules or special instructions, federal or state regulations, or any applicable traffic law or ordinances? Explain

___________________________________________________________________________________________

Summary (overall assessment, recommendations and follow-up actions):

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Signature of Investigator _________________________

* Please attach any supporting documents for the file including police reports, pictures, etc.
APPENDIX E

12-Passenger Van Use Summary and Training Acknowledgement Sheet

When can I rent 12-passenger vans?
- Driver criteria listed in the fleet safety policy are met.
- Use of a mini bus or bus is not feasible.
- Discussed trip with my department head or designee and received approval.

What are the driver criteria for 12-passenger vans?
- Possess current license and pass the motor vehicle record review. *For 12-passenger vans, this must be completed yearly.*
- Must have at least 6 years driving experience and be at least 24 years of age.
- Must complete 12-passenger van specific training. See your department head or designee for training information.

Why should I be aware of rollovers?
- Rollovers are more likely to occur in 12-passenger vans due to
  - **Center of gravity:** with 10 or more occupants, the rollover rate increases 3x the rate of vans that have only 5 occupants.
    - The center of gravity moves upward and toward the rear of the van.
    - It makes the van handle differently from most cars.
  - **Speed and Road Conditions:** rate of rollover increases significantly at speeds over 50 mph and curved roads.
  - **Improper Loading** of luggage and equipment: do not place in-vehicle luggage and equipment about the seat level nor permit it to block the driver’s view.

How do I avoid Rollovers?
- Drive defensively.
  - Avoid running off the edge of the road and overcorrecting or over-steering.
  - Maintain a safe speed and distance for road conditions and weather– leave extra distance between you and the vehicle in front of you.
  - Do not drive if you are fatigued.
  - Never use a cell phone while driving.

What are the safe operating requirements?
- **Seatbelts:** All occupants must wear seatbelts.
- **Front seat passenger:** To avoid distractions, the front seat passenger must act as an assistant to help with navigations and other non-driving duties such as passenger needs, radio handling, or cell phone use.
- **Driver Fatigue:** If driving time exceeds 3 hours, two authorized drivers must be available to avoid driver fatigue. Drivers must share driving duties.
• **Vehicle Loading**: No roof-top loads or luggage permitted. In-vehicle luggage and equipment is not permitted above seat level, should be relatively lightweight and not block the driver’s view.

• **No consumption of alcohol, drugs, or tobacco by occupants.**

What should I do if I have an accident?

• If and when safe to do so, move the vehicle to the side of the road. Turn on your flashers and interior lights.

• Call 911 to request emergency assistance (fire, police, and ambulance). Be prepared to provide your name, location, and phone number as requested by the dispatcher.

• Contact the rental company.

• Report all accidents to your department head or designee. Department head or designee should notify the Business Office and the EH&S Coordinator.

Prior to trip departure, obtain a copy of the college’s insurance card and accident form from your department head or designee or the Facilities Services Response Desk.

*I have completed the 12-passenger van training and have reviewed the above summary. I understand that I am responsible for the proper operation of the van, for the safety of my passengers, and that any deviation from the information provided may result in the loss of future use of 12-passenger vans.*

Signature_____________________________________________ Date_______________
APPENDIX F

Vehicle Operation and Accident Reporting Procedures

Many faculty and staff drive on behalf of the college to provide educational opportunities for academic courses, attend meetings, trainings, conferences, and other work-related activities. Faculty and staff must provide license information to the EHS/Risk Manager annually, meet the driving criteria outlined in the Fleet Safety Policy, and operate the vehicle in a safe manner. This document outlines the safe operating and accident reporting procedures required for those driving on behalf of the college. Anyone deviating from these procedures may lose driving privileges.

Safe Operating Procedures

Prior to departing for your destination, you must

➤ Inspect the vehicle for visible damage such as flat tires, broken windows/mirrors, or dents prior to departure. If damage noted, contact Facilities Services/Campus Safety if using a college leased or rented van from the Facilities Services Office. Rental vehicles secured by departments or individuals, should contact the rental company directly.

➤ Ensure the registration and insurance cards are in the vehicle or that you have obtained the college’s insurance card from your administrative coordinator or the Facilities Services Office.

While operating the vehicle, you must:

• Never use hand-held cell phones. You must pull safely off to the side of the road and park to make or receive calls or messages.
• Never use audio headphones of any kind.
• Never use alcohol, drugs or tobacco.
• Ensure all occupants use seatbelts.
• Obey all traffic laws. Parking or moving violation tickets are the responsibility of the driver. Tolls and parking fees are the responsibility of the sponsoring department.
• Not use your EZ pass. It is not registered to the college or rental vehicles.
What to do in the event of an accident:
Prior to departing campus, make sure a copy of the vehicle registration and insurance card is in the vehicle. For college owned vehicles, the registration and insurance cards are in the glove compartment of the vehicle. For rented vehicles, obtain a copy of the college’s insurance card from your department administrative coordinator or the Facilities Services office.
If you are in an accident, you are required to call the police no matter how minor the accident to obtain documentation of the accident and exchange information with the other driver(s). Do not make any deals or agreements with the other drivers. Let the police, insurance company, and college work through the process. Remember, you are representing Ursinus College.

Steps to follow:

9. **If, and when safe to do so**, move the vehicle to the side of the road. Turn on your flashers and interior lights.

10. **Call 911** to request emergency assistance (police, fire, and ambulance.) Be prepared to provide your name, location, and phone number as requested by the dispatcher. **Always call the police.**

11. Provide first aid only if trained to do so.

12. **Obtain proper insurance information** including:
   a. Registration and insurance cards
   b. Name and phone number of driver and passenger(s)
   c. Provide the EHS/Risk Manager’s phone number – 610-409-3221.
   d. **PA law requires you to provide your driver’s license to the other driver.**

13. Take pictures.

14. **Contact the following Ursinus staff** as soon as possible following the accident to report the accident.
    - Your supervisor
    - Facilities Services (if vehicle obtained via Facilities) 610-409-3598
    - Rental car company (if rental vehicle obtained directly from rental company) 610-326-0600 or (877) 585-7227
    - EHS/Risk Manager **cmcmillin@ursinus.edu** 610-409-3221
    - Campus Safety (non-business hours) 610-409-3333

    Provide the following information:
    a. Time accident occurred
    b. Location – streets, town, and state
    c. Other vehicle(s) information – insurance, registration card, driver’s license info, make and Model of car
    d. Details of the accident

You must report any damage to the vehicle regardless of how the vehicle was damaged. For example, you hit something with the vehicle such as a deer or a wall in a parking garage, or the vehicle is damaged while parked and unoccupied. Follow the same process described in the steps listed above.

If the accident occurs during off hours, contact Travelers Insurance directly to report it. We want to have a record of the accident as soon as possible. The number to call is 1-800-238-6225 (24-hour claim reporting #). Follow steps #1-6 above.
Acknowledgment Sheet

I have read and understand the procedures for driving on the behalf of the college and reporting of accidents. I understand that I am responsible for the proper operation of the vehicle, for the safety of my passengers, and that any deviation from the information provided may result in the loss of the privilege of driving for the college.

Printed Name _________________________________________
Signature_____________________________________________
Date_______________