POLICY STATEMENT

The purpose of this Policy is to establish minimum requirements for all drivers of University vehicles. This policy is established to:

1. Ensure the safe operation of University owned, leased, or rented vehicles.
2. Ensure the safety of drivers and passengers while operating a University vehicle on the University Business.
3. Minimize losses, damages, and claims that may arise against the University.

RESPONSIBILITIES

To be considered as an authorized driver and operate University vehicle, all drivers must complete and maintain on file with the Office of Public Safety an “Authorized Driver Request Form” (Exhibit 1). Furthermore, the individual must be at least twenty-one (21) years old with a current, valid US driver’s license and have at least one (1) year of driving experience. In addition to these general criteria all authorized drivers must be in compliance with the following:

1. Authorized Driver Requirements.
   a. No convictions or pending charges on record for driving under the influence of alcohol, drugs or other major traffic violation in the past five (5) years;
   b. No more than two (2) moving violations within the last twelve (12) months;
   c. No more than three (3) moving violations within the last three (3) years;
   d. Have not had personal automobile insurance cancelled, declined or not renewed by an insurance company within the prior three (3) years due to the actions of the driver;
   e. No University disciplinary sanctions (as either an employee or student) which might reflect negatively on one’s ability to drive safely;
   f. Disclose any temporary medical conditions or medications being taken that may impact one’s ability to drive safely;
   g. Authorized drivers are to operate a University vehicle in a safe, controlled and courteous manner and in accordance with all applicable traffic regulations, laws and in accordance with University policies;
   h. Authorized drivers are responsible to know the appropriate policies;
   i. Authorized drivers are responsible to formally report in writing (email is acceptable) any changes in license status (i.e., if the license has been suspended or revoked) to the Office of Public Safety within three (3) working days of any such change and agree not to drive on University Business until a review and determination of the license status change by the Office of Public Safety;
   j. All traffic violations, citations and parking tickets earned by the driver while operating a University vehicle will be the sole responsibility of the driver. The University will not assume any responsibility for driver violations;
k. Texting, emailing or use of any hand-held wireless device is strictly prohibited while operating a University vehicle. Wireless devices may only be used in a “hands-free” mode;

l. Vehicular must be locked and all valuable equipment and materials must be stored out of sight;

m. Be aware of weather and road conditions and make prudent decisions regarding travel based on said conditions;

n. Authorized drivers must ensure all occupants have their safety belts securely fastened at all times while the vehicle is in motion.

Failure to comply with the procedures set forth in this policy may result in disciplinary action in accordance with established University policy, and may result in suspension or termination of University vehicle operating privileges.

The Procurement Services Office (PSO) may grant or deny authorization to drive based on any State Motor Vehicle Report (MVR) that indicates a reckless driving history. All MVR’s will be obtained directly by Webster University and at the University’s direct cost. The PSO will retain the confidentiality of MVR records and only share the granting or denial decision with an individual’s supervisor, not the reasons for said decision. An individual found ineligible as an authorized driver will be advised by one’s supervisor of his/her ineligibility. The sharing of MVR information upon the denial of University vehicle driving privileges between the PSO, the supervisor and the driver may occur on an “as needed – case-by-case basis” with the advance approval of Risk Management.

The University may at any time review the activities or MVR of a driver to determine whether the driver meets the requirements of this Policy and is still authorized to drive a University Vehicle.

2. Types of Vehicles Restrictions:

- Leasing or renting (15) passenger vans are prohibited.
- The University will provide charter busses for a trip that contain a large group of students whenever practical. The Department chartering said bus will be responsible for all costs.
- Golf carts and utility carts are limited to use on campus only.
- Car rentals in foreign countries are strongly discouraged. *

* Employees renting vehicles for University business in any location other than the Continental United States must purchase all insurance provided by the rental agency, including automobile liability insurance. In some foreign countries, it is illegal not to purchase the local insurance offered.
3. **Motor Vehicle Accident Procedures**

   If an accident occurs:
   - Always call 911 if there are injuries involved at the scene. If off campus, report accident with the local police office and contact Public Safety Department at 314-968-6911
   - If on campus, contact Public Safety Department at 314-968-6911
   - **Do not admit fault, make promises, agree to settlement, or excuses.**
   - Use the Accident Report as guideline (Exhibit 2) to obtain the names, phone numbers, addresses, license plates, and insurance carrier of the drivers of all vehicles involved in the accident.
   - Obtain the names, phone number, and addresses of witnesses, if possible.
   - Obtain photographs of all vehicles that show the damage and condition of each vehicles, if possible
   - Ensure the following information is recorded and reported on the Accident and Injury Report as attached to this Policy, to the Office of Public Safety:
     - Time and location of the accident
     - All occupants in the University’s vehicle
     - License plate of the University’s vehicle
     - Nature of accident and injuries
Departments with individuals assigned as “authorized drivers” of University vehicles will be charged $15 per driver.

Please complete all fields below. We will not process the request unless the required information below is completed.

<table>
<thead>
<tr>
<th>Applicant Name as it appears on driver license:</th>
<th>Driver license number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Driver license expiration date:</td>
</tr>
</tbody>
</table>

| Applicant Telephone Number: | Email (please use “@webster.edu” account if available): |

<table>
<thead>
<tr>
<th>Applicant Type:</th>
<th>Supervisor Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff ☐</td>
<td>Supervisor Email:</td>
</tr>
<tr>
<td>Faculty ☐</td>
<td>Supervisor Phone:</td>
</tr>
<tr>
<td>Student ☐</td>
<td></td>
</tr>
<tr>
<td>Volunteer ☐</td>
<td>Department Account Number to be charged:</td>
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</table>

A copy of your driver’s license must be submitted along with this form.

By signing:
I certify that all the information provided above is accurate and that I have read, understood and agreed to comply with the University’s Use of University Vehicles for University Business policy. I further authorize the University to request an MVR for the license listed above. Any falsification of information or failure to comply with the mandatory regulations may result in disciplinary measures and/or removal of my driving privileges for Webster University.

Applicant’s Signature____________________________________________________________________________

Approve by:

Supervisor’s Signature:______________________________________________________________________
## Accident Report

Complete and submit to
Webster University
Public Safety
470 E. Lockwood Avenue, St. Louis, MO 63119
Email: publicsafety@webster.edu

<table>
<thead>
<tr>
<th>Date accident/injury occurred:</th>
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<tbody>
<tr>
<td>Location accident/injury occurred:</td>
</tr>
<tr>
<td>Licensed plate of the University's vehicle:</td>
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<tr>
<td>Name of authorized driver:</td>
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### Individual(s) involved in the accident

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Phone number</th>
<th>License plate</th>
<th>Insurance carrier</th>
<th>Phone number to claim department</th>
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### All occupants in the University's vehicle

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone number</th>
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### Witnesses Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone number</th>
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### Nature of accident/injury

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<tr>
<th>Nature of accident/injury</th>
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</table>

Have you taken photographs of all vehicles that show the condition of vehicles?  □ Yes  □ No

Completed by: ___________________________ Date: ___________________________
Phone: ___________________________ Email: ___________________________

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