

**TRAVEL**

**POLICY**

**STUDENT ORGANIZATION INFORMATION & CHECKLIST  
POLICY FOR UNIVERSITY RELATED TRAVEL BY MOTOR VEHICLE**

**TABLE OF CONTENTS**

<b>1. WHO TRAVEL POLICY PROCEDURES APPLY TO.....</b>	<b>2</b>
<b>2. TRAVEL USING UNIVERSITY OWNED VEHICLES.....</b>	<b>2</b>
<b>PROPER USE</b>	
<b>QUALIFICATIONS FOR DRIVING UNIVERSITY VEHICLES</b>	
<b>ADDITIONAL QUALIFICATIONS FOR 15 PERSON VEHICLES</b>	
<b>3. OPERATOR CONDUCT.....</b>	<b>3</b>
<b>DO'S AND DON'TS FOR DRIVING</b>	
<b>WHAT TO DO IF A VEHICLE IS DAMAGED</b>	
<b>4. ACCIDENTS.....</b>	<b>3</b>
<b>5. AUTHORIZATION OF</b>	
<b>DRIVERS.....</b>	<b>4</b>
<b>6. TRIP INSURANCE DETAILS AND</b>	
<b>INFORMATION.....</b>	<b>4</b>
<b>7. TRAVEL USING PERSONAL</b>	
<b>VEHCILES.....</b>	<b>4</b>
<b>8. REIMBURSEMENT RELATED TO PERSONAL VEHICLE USE.....</b>	<b>4</b>
<b>9. USE OF PERSONAL VEHICLE NOT REQUIRED.....</b>	<b>4</b>
<b>10. POLICY CONCERNING PERSONAL VEHICLE BY STUDENTS.....</b>	<b>5</b>
<b>11. POLICY CONCERNING STUDENT RELEASES OF MEDICAL AUTHORIZATION.....</b>	<b>5</b>
<b>12. GUIDLELINES CONCERNING SAFE TRAVEL POLICIES.....</b>	<b>5</b>
<b>13. FORMS.....</b>	
<b>Driver Approval Form</b>	<b>OP79.13 Attachment A</b>
<b>Student Activity Release Form</b>	<b>OP79.13 Attachment B</b>
<b>14. OP 80.08</b>	
<b>15. FORMS.....</b>	
<b>Auto Collision Information Form</b>	<b>OP80.08 Attachment A</b>
<b>Vehicle Accident Investigation</b>	<b>OP80.08 Attachment B</b>
<b>Vehicle Accident Witness Statement</b>	<b>OP80.08 Attachment C</b>

**STUDENT ORGANIZATION INFORMATION & CHECKLIST**  
**POLICY FOR UNIVERSITY RELATED TRAVEL BY MOTOR VEHICLE**

**1. Policy/Procedure**

Impacts following individuals:

- TTU Employee, departments, and student organizations
- Sponsor, advisor, faculty or staff
- Student (anyone eligible to hold a current student identification card)
- University business or related activities
- TTU funded or sponsored activities
- General Public

**2. Travel Using University-Owned, Rented, Leased, or Loaned Vehicles**

Drivers:

- Only persons who are acting within the course and scope of university-related activities should use vehicles owned, rented, leased by, or loaned to the system or its components.
- Must be on the Texas Tech University Approved Driver List.

Qualifications to get on the approved university drivers list:

- a) Must possess a valid (Texas or other U.S. state) driver's license and be at least 18 years of age;
- b) Must be able to provide documentation of current personal automobile liability insurance;
- c) Must comply with driver record check requirements on an annual basis. The driver record will reflect the driver's three-year driving history and will be ordered from the appropriate state agency.
- d) Must submit a "*Driver Approval Request Form*" (OP79.13, Attachment A) achieve an "approved" status;
- e) Are required to report any driving violations to their immediate supervisor/advisor within five days of the occurrence. This includes violations that occur while driving a vehicle not owned, rented, leased by, or loaned to the university; and
- f) Must not have had any convictions for driving while intoxicated, driving under the influence of alcohol or drugs, or reckless driving.
- g) Must not have had a reinstated license in effect for less than one year after a revocation.

Additional driver qualification for vans equipped for 15 passengers:

- Must be 20 years of age
- Valid Texas state or U.S. driver's license for two years (Foreign student with no driving experience in the U.S. will not qualify and an alternate driver will be required)
- Must comply with Motor Vehicle Report check on annual basis
- Must successfully complete a driver training course for 15-passenger vans
- Must attend refresher training annually
- Not have more than one moving violation in last 18 months

### **3. Operator Conduct**

Operators must take a fifteen-minute break every three hours and may drive no more than ten hours in a twenty-four hour period. Van drivers with passengers must have a front passenger who remains awake at all times.

When operating a University vehicle the following behaviors must be observed:

- a) DO NOT use university vehicles for personal transportation or business;
- b) DO NOT allow alcoholic beverages or narcotics to be consumed or illegally transported;
- c) DO NOT pick up hitchhikers, or transport family members or any other unauthorized passenger;
- d) DO NOT allow the vehicle to become unnecessarily dirty and present an unfavorable image to the general public;
- e) DO observe all traffic rules and regulations;
- f) DO drive carefully, safely, and courteously;
- g) DO require driver and all passengers to use seat belts and other appropriate occupant restraints at all times the vehicle is being operated;
- h) DO NOT operate the vehicle unless all occupants are wearing the appropriate restraints;
- i) DO NOT allow the number of passengers to exceed the authorized capacity of the vehicle.

Use common sense driving. For road trips of 100 miles or more, share the driving, if possible, and take frequent breaks.

When a vehicle is damaged through operator misuse or is operated by a person under the influence of alcohol or narcotics, the department head employing the operator, or advisor of the student organization will be furnished a complete statement of the circumstances and a copy of the police report for the appropriate administrative or possible judicial action. Citations for all parking and traffic violations will be the personal responsibility of the operator.

#### **Vehicle Damage**

Should vehicle damage occur, the following information must be provided to the department head employing the operator:

- o Cause of vehicle damage
- o Description of circumstances
- o Copy of policy report for administrative action
- o Copy of citations issued

Please note that parking and/or traffic violations are the personal responsibility of the individual operating the vehicle at the time.

### **4. Accidents**

- a. Stop immediately and notify local police and obtain an official report.
- b. Take necessary steps to prevent another accident.
- c. Use Vehicle Fleet Management Handbook for instructions and numbers to call.
- d. Call necessary medical support and render aid to the injured.
- e. Get names, addresses and phone numbers of witnesses.
- f. Give all required information to police.
- g. Notify the department head, supervisor, or advisor, if unable to reach someone, call the TTU Police Department at 806-742-3931.

- h. Complete required vehicle accident paperwork using Operating Policy and Procedure, (Attachment OP 80.08).

## **5. Authorization**

- o Anyone who drives vehicles owned, rented, leased by, or loaned to the university must be listed on the "Approved Drivers List" on file with the Texas Tech University Office of Risk Management.
- o Employees who drives vehicles owned, rented, leased by, or loaned to the university, or have driving listed as one of their functions of university employment, must have a current driver record on file with the Texas Tech University Office of Risk Management. This office may be contacted for information on how to add and delete names on the list of approved drivers.

## **6. Trip Insurance**

Trip insurance is available for purchase through the Contracting Office. Coverage is \$.35 per person per day and provides \$2,000 worth of medical expense coverage. **TTU DOES NOT CARRY MAJOR MEDICAL OR HEALTH INSURANCE FOR STUDENTS TRAVELING BY MOTOR VEHICLE OR ANY OTHER MEANS OF TRANSPORTATION. STUDENTS MUST RELY ON THEIR OWN INSURANCE TO COVER SUCH HEALTH CARE EXPENSES.**

- a. Health Insurance Coverage of Students driving to and from or during University related activities:
  - 1) Hiring Dept. verifies that student/employees have trip insurance coverage,
  - 2) Non-employee students driving to or from, or during field trips or other "University related activities" outside Lubbock, the head of the administrative unit must verify that the student-driver has trip related insurance.

## **7. Travel Using Personal Vehicles**

- a. Use of personally owned vehicles are discouraged by the University for University-related activities.
- b. No coverage is available to students for personal injury when using a personal vehicle while conducting University business.
- c. Personal liability insurance will be looked to first when using a personal vehicle while conducting university business on campus and in the local area.

## **8. Reimbursement for Costs of Personal Vehicles**

- a. Mileage costs related to significant use of personal vehicles to conduct University-related business may be reimbursed upon approval of Department heads.

## **9. Use of Personal Vehicle Not Required**

Individuals are not required to use his or her vehicle to perform University-related activity.

## **10. Policy Concerning Use of Personal Vehicle by Students**

- a. Use of personal vehicles by students to drive to University-related activities is discouraged.
- b. If students use their own vehicles, and/or transport others students, they need to be informed in advance that their personal insurance will be use for liability that may arise from such use.

## **11. Policy Concerning Student Releases and Medical Authorization**

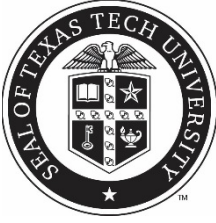
Each Student who travels by motor vehicle or other form of transportation to participate in a University-related activity, including but not limited to the following:

- o academically-related field trips
- o courses
- o competitions
- o contests
- o non-academic activities

Must Complete a **Student Activity Release Form (Attachment B)**

## **12. Guidelines Concerning Safe Travel Practices**

- a. All administrative units approving University-related travel, especially involving students must encourage the Guidelines that encourage safe driving and minimize risks/injury during travel.
- b. Registered student organizations are free to make off-campus trips deemed worthwhile by the membership and sponsors of the organizations.
  - 1) Student and parents must understand that off-campus travel is at the students own risk,
  - 2) If personal injury or accident should occur to students or other persons during such activities, TTU will not assume responsibility, financial or otherwise.
- c. Faculty and staff sponsors and organization officers are urged to take all possible precautions to ensure the safety and well-being of all persons participating in the off-campus activity.
- d. There is no official registration procedure for official off-campus trips.
- e. There are no official excused class absences for students who participate in office-campus trips by student organizations.
  - 1) Students will be responsible for making their own arrangements with instructors for class work missed while participating in an off-campus trip.
  - 2) Instructors will be fee to set their own requirement for class missed while a student is participating in an off-campus trip.
  - 3) Instructors must grant students an opportunity to make-up all course work missed while participating in an official off-campus trip.
- f. Please refer to the Study Abroad Department for information regarding travel abroad.



# Texas Tech University System

## Driver Approval Request

In order to drive TTUS owned, leased, loaned, or rented vehicles, **you must read the following information, sign the form, and attach a photocopy of your driver's license and auto insurance card.** Please return the information to the TTUS Office of Risk Management, Box 42003, MS 2003, Lubbock, Texas 79409-2003. Please allow 12-14 working days.

*I am aware that consumer and driver license record checks may be obtained as part of TTUS evaluation of my job application or employment. The records may be procured by TTUS or its insurance company representative(s), and may include personal information obtained from the appropriate state driver licensing agency, and my driving record, to be used in an assessment of my qualification as an approved driver.*

*By signing this letter, I hereby provide my authorization for TTUS or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate, to evaluate my continued approved driver status.*

**Please select one.**

New

Renewal

**Print Neatly or Type.**

\_\_\_\_\_  
Last, First, MI

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Department

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Department Address

\_\_\_\_\_  
Mail Stop

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
Will you operate a 15-passenger van? \_\_\_\_\_

\_\_\_\_\_  
Personal Vehicle Insurance Carrier \_\_\_\_\_

\_\_\_\_\_  
Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_

**Must be Signed by Driver Applicant**

**Attach copy of driver's license and insurance card.**

**Authorization (Supervisor must complete):**

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Campus Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Student Activity Release Form**

I, \_\_\_\_\_, understand and agree that University-Related Activities of Texas Tech University involve certain known risks, including but not limited to, transportation accidents, personal injuries, and loss or destruction of my property. I understand and agree that Texas Tech University cannot be expected to control all of said risks. In consideration of the benefits I will receive through my participation in the activities of Texas Tech University, I hereby expressly and knowingly RELEASE TEXAS TECH UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY ME ARISING OUT OF ANY TRAVEL OR ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF TEXAS TECH UNIVERSITY, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF TEXAS TECH UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.

I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.

Further, I voluntarily and knowingly agree to HOLD HARMLESS, PROTECT, AND INDEMNIFY Texas Tech University, its officers, agents, volunteers, and employees, against and from any and all claims, demands, or causes of action for property damage, personal injury or death, including defense costs and attorney’s fees, arising out of my participation in the activities of Texas Tech University, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR BY THE NEGLIGENCE OF TEXAS TECH UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.

Texas Tech University shall notify me promptly in writing of any claim or action brought against it in connection with my participation in these activities. Upon such notification, I or my representative shall promptly take over and defend any such claim or action.

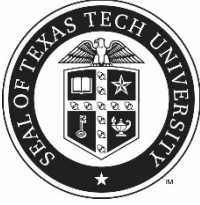
I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PARTICIPANT)

If the participant is under 18, I am signing as a parent or guardian to reflect my agreement to indemnify (that is, protect by payment or reimbursement) Texas Tech University from any claim which may be brought by or on behalf of the participant, or any member of the participant’s family, for injury or loss resulting from those inherent risks of the course, described above, and from the negligence of the participant or Texas Tech University:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PARENT OR GUARDIAN)





## Texas Tech University Operating Policy and Procedure

**OP 80.08:** Accidents Involving University Vehicles

**DATE:** August 16, 2004

**PURPOSE:** The purpose of this Operating Policy/Procedure (OP) is to establish procedures to be followed in the event of a collision involving a vehicle owned, rented, leased by, or loaned to the university.

**REVIEW:** This OP will be reviewed on May 15 of each even-numbered year by the Texas Tech University System managing director of Risk Management and the managing director of Physical Plant, with recommendations for revision forwarded through channels to the Texas Tech University System senior vice chancellor and chief financial officer by June 1.

### **POLICY/PROCEDURE**

1. The Texas Tech University System Office of Risk Management (TTUSORM) is responsible for receiving and processing reports for all motor vehicle collision claims.

#### **2. On-campus Occurrences**

If the collision occurs on campus, the Texas Tech Police will be notified. It is the responsibility of the department to which the university vehicle is assigned to complete an *Auto Collision Information Form* (Attachment A) and forward it immediately to the TTUSORM. It is also the responsibility of the department to which the vehicle is assigned to obtain a copy of the police report from Texas Tech Police and forward it as soon as possible to TTUSORM. TTUSORM will then forward copies of the complete accident report package to the university's insurance company and the Vehicle Fleet Management office. Should the collision not be the fault of the university driver, the TTUSORM will attempt to collect for damages to university property.

#### **3. Off-campus Occurrences**

Should a collision occur off-campus, either in or out of the state of Texas, it should be investigated by a city police department, state highway patrol, or other investigative body. It is the driver's responsibility to notify TTUSORM immediately and provide that office a copy of the written accident report as soon as possible. The department must also complete an *Auto Collision Information Form* (Attachment A) and forward it to TTUSORM. TTUSORM will then forward copies of the complete report package to the university's insurance company and the Vehicle Fleet Management office. Should the collision not be the fault of the university driver, TTUSORM will attempt to collect for damages to university property.

August 16, 2004

#### 4. **All Occurrences**

Notify the Texas Tech University System Office of Risk Management of any occurrence immediately. Further, the Vehicle Fleet Management office also requires an investigation of the accident by the completion of the Vehicle Accident Investigation (Attachment B) and Vehicle Accident Witness Statement (Attachment C). These forms will be completed and forwarded to TTUSORM, MS/Box 42003, within five working days after the accident occurred. TTUSORM will send copies to the Vehicle Fleet Management office (TTU-Physical Plant, MS/Box 43142) within two working days following receipt of the reports.

Vehicles damaged will be repaired, replaced, or disposed of within 120 days of the incident. Any expenses incurred to repair the vehicle should be recorded in the state of Texas Vehicle Use Report for the applicable month and forwarded to the Vehicle Fleet Management office no later than the fifth of the next month. Refer to OP 80.07 for additional reporting guidance.

University personnel found to be negligent in the use of a university vehicle are subject to administrative action and possible suspension of driver authorization.

**AUTO COLLISION INFORMATION FORM  
TEXAS TECH UNIVERSITY SYSTEM**

If you have a collision, use this form to record the facts about the collision, including names and address of all parties involved, and any witnesses to the collision. Give the completed form to your Department head. The Department head will send the form to **Office of Risk Management PO Box 42003 (MS 2003) Lubbock, Texas 79409**

Date of Collision and time	AM <input type="checkbox"/> PM <input type="checkbox"/>	Location of Collision (Include City & State)
Description of collision (use reverse side if necessary)		
Authority Contacted and Report #	Any violations/citations as a result of the collision (describe)	

**PROPERTY DAMAGED (NOT YOUR VEHICLE)**

Describe Property (if auto, year, make, Model, plate #)		Insurance Company	
Owner's Name & Address		Residence Phone (A/C, No. Ext):	
		Business Phone (A/C, No. Ext):	
Others Driver's Name & Address <input type="checkbox"/> (Check if Same as owner)		Residence Phone (A/C, No. Ext):	
		Business Phone (A/C, No. Ext):	
Driver's License Number	Describe Damage	Where can damage be seen?	
Insurance Company Name	Policy Number	Agent's Name and Number	

**INJURED PARTIES**

Name & Address	Phone (A/C, No)	Age	Describe Injury
Injured was: <input type="checkbox"/> Pedestrian <input type="checkbox"/> In your car <input type="checkbox"/> In other car			
Injured was: <input type="checkbox"/> Pedestrian <input type="checkbox"/> In your car <input type="checkbox"/> In other car			

**WITNESSES OR PASSENGERS**

Name & Address	Phone (A/C, No)	Ins Veh	Oth Veh	Statement Attached?

**YOUR INSURED VEHICLE**

Year	Make	Model	VIN #	Inventory #
Department Name		Department Phone		
Supervisor		(A/C, No)		
Department Head Name				
Driver's Name & Address		Residence Phone (A/C, No) Business Phone (A/C, No. Ext):		
Relation to Insured (Employee, family, etc.)	Date of Birth	Driver's License #	State	Purpose of Use
				Used with Permission <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Damage		<b>Where</b> can Vehicle be seen?		<b>When</b> can Vehicle be seen?

In addition to this form please provide a copy of the police report and OP 80.08 attachments B & C. In the event of collision, Always contact the appropriate law enforcement agency and ask that they prepare an accident report.

**TTU/TTUHSC  
VEHICLE ACCIDENT  
INVESTIGATION**

**SECTION I:**

Date of Accident: \_\_\_\_\_ Time of Accident \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Name and Address of Employee

Involved \_\_\_\_\_

Department \_\_\_\_\_ Location \_\_\_\_\_

Doing his regular job: \_\_\_\_\_ Yes \_\_\_\_\_ No      Police Contacted: \_\_\_\_\_ Yes \_\_\_\_\_ No

Year/Model of Vehicle \_\_\_\_\_ Type of Vehicle \_\_\_\_\_

License Number \_\_\_\_\_ Inventory Number

\_\_\_\_\_

**SECTION II:**

Description of Accident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you see this Accident: \_\_\_\_\_ Yes \_\_\_\_\_ No

Witnesses: Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

**UNSAFE CONDITION:** What was the unsafe condition: Why did the unsafe condition exist?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**UNSAFE ACTS:** What did anyone do or fail to do that led to this accident? Indicate reasons.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What action has been or should be taken to prevent a similar accident?

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**REVIEW BY MANAGER  
AND DEPARTMENT HEAD**

**SECTION III:**

Recommendations for additional action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's recommendations approved \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional recommendations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional action to be taken \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

**VEHICLE ACCIDENT  
WITNESS STATEMENT**

Employee \_\_\_\_\_  
Employee \_\_\_\_\_  
Date of Accident \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, at about: \_\_\_\_\_ p.m./a.m., I was in or at  
(clearly state your own location) \_\_\_\_\_

\_\_\_\_\_ when an accident involving the above employee is alleged to have occurred.

\_\_\_\_\_ I saw the accident.

The accident occurred in the following manner:

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

Other pertinent information and source: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I did not see the accident.

Information given me by (name of person) \_\_\_\_\_

Indicates it occurred as follows:

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

Other pertinent information and source: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I know nothing whatsoever about the occurrence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date