VEHICLE RESERVATION FORM
Public Safety (479)-979-2020

UNIVERSITY OF THE OZARKS
PUBLIC SAFETY

Vehicle Type	Pricing & Miles	Vehicle #
Car	$23/day - $163/week - $551/month Free miles: 200/day - 2,000/week - 6,000/month $0.22/mile after limit	
15-Passenger Van	$85/day - $428/week - $1,712/month Free miles: 200/day - 2,000/week - 6,000/month $0.22/mile after limit	
Fees	$50 refueling fee (if returned below full) $75 cleaning fee (if returned dirty)	

	Public Safety Use Only	Total
Fee for the vehicle rented	Rate: _____ x days: _____	$
Miles exceeding the limit	_____ miles x $0.22	$
Additional fee - fuel	☐ $50 fuel fee assessed	$
Additional fee - cleaning	☐ $75 cleaning fee assessed	$
Total charges		**$**

Reservation and Trip Information

Reservation form completed by:		**Date completed:**	
Organization/department to be charged:		**Ellucian GL String Account #:**	
Destination/purpose:			
Date(s) of use:		**Number of days reserved:**	
Is a Travel Authorization form required? (see Student Travel Policy)	☐ Yes ☐ No	**Travel Authorization Form Completed**	☐ Yes ☐ No
Trip leader:		**Trip leader cell phone:**	
Student organization?	☐ Yes ☐ No	**If yes, Student Affairs approval:**	☐ Yes ☐ No
Public Safety checked the driver's certification	☐ Yes ☐ No		

Mileage Documentation

Beginning mileage reading:		**Ending mileage reading:**		**Total miles traveled:**	

Approval Signatures

Name/Approval	Signature	Date/Time
Supervisor		**Date:**
Vice President		**Date:**
Public Safety		**Date:**

DRIVER ACKNOWLEDGMENT AND VEHICLE CONDITION CHECKLIST

Driver Eligibility and Certification

☐ I have a valid driver's license.			
☐ I am authorized to drive a University vehicle.			
☐ I will follow University vehicle-use policies.			
☐ I will not allow unauthorized drivers to operate the vehicle.			
☐ I will immediately report accidents, damage, or mechanical problems.			
☐ I will return the vehicle on time, clean, fueled, and in the same condition received.			
☐ I understand additional charges may be assessed for late return, fuel, cleaning, mileage, damage, or policy violations.			
Primary driver printed name:		**Phone:**	
Additional driver(s):			

Vehicle Pickup and Return Instructions

1. Pick up the completed form and key from Public Safety before departure.	2. Inspect the vehicle and record the beginning mileage before leaving the parking lot.
3. Fill the tank before returning the vehicle to avoid additional fees.	4. Return the vehicle to the original parking lot unless instructed otherwise.
5. Remove all trash and debris to avoid a cleaning fee.	6. Record ending mileage and calculate total miles traveled before exiting the vehicle.
7. Inspect the exterior and interior for damage or problems before return.	8. Return this form, fuel receipt, and vehicle key to Public Safety.

Pickup and Return Checklist

Item	Pickup Condition	Return Condition
Exterior damage	☐ OK ☐ Issue noted:	☐ OK ☐ Issue noted:
Interior cleanliness	☐ OK ☐ Issue noted:	☐ OK ☐ Issue noted:
Fuel level	☐ OK ☐ Issue noted:	☐ OK ☐ Issue noted:
Tire condition	☐ OK ☐ Issue noted:	☐ OK ☐ Issue noted:
Lights/signals	☐ OK ☐ Issue noted:	☐ OK ☐ Issue noted:
Warning lights	☐ OK ☐ Issue noted:	☐ OK ☐ Issue noted:
Mechanical concerns	☐ OK ☐ Issue noted:	☐ OK ☐ Issue noted:

Public Safety / Administrative Use Only

Problems with the vehicle:		**Damage noted:**	
Work request completed:	☐ Yes ☐ No	**Public Safety Date:**	

ACCIDENT INFORMATION

Complete this section for any accident, damage, injury, or incident involving a University vehicle.

Immediate Action Checklist

☐ Stop safely and check for injuries.
☐ Call 911 if there are injuries, hazards, blocked traffic, or significant damage.
☐ Notify Public Safety as soon as possible: **479-979-2020.**
☐ Do not admit fault or make promises regarding payment or responsibility.
☐ Exchange information with other driver(s), if applicable.
☐ Take photos of vehicles, damage, location, license plates, and insurance cards, if safe to do so.
☐ Identify witnesses and collect contact information.
☐ Submit this completed form to Public Safety as soon as possible.

Accident Details

Date and time of accident:		**Location where the accident took place:**	
University vehicle number:		**Driver name:**	
Police/agency notified?	☐ Yes ☐ No	**Agency name:**	
Police report/case number:		**Officer name/badge:**	
EMS/fire notified?	☐ Yes ☐ No	**Injuries reported?**	☐ Yes ☐ No
Photos taken?	☐ Yes ☐ No	**Submitted to Public Safety?**	☐ Yes ☐ No

Detailed Description of Event: Describe what happened, direction of travel, road/weather conditions, actions taken, and any visible damage.

Other Vehicle, Driver, and Insurance Information

Other driver name:	
Other driver phone/email:	
Other vehicle make/model/color:	
Other vehicle license plate/state:	
Insurance company:	
Policy number:	
Claim number, if known:	
Insurance contact/phone:	

Witnesses, Passengers, Injuries, and Property Damage

Witness name/contact:	
Passengers:	
Passengers:	
Passengers:	
Passengers:	
Passengers:	
Additional witness name/contact:	
Injuries reported/medical response:	
Damage to University vehicle:	
Damage to other vehicle/property:	

Submission and Review

Name/Approval	Signature	Date/Time	
Driver		**Date/time:**	
Public Safety reviewer		**Date/time:**	
Follow-up action needed:	☐ **No** ☐ **Yes:**		