





Motor Vehicle Loss Report

Instructions: Form must be completed in detail. All applicable information is required. Submit report immediately to [UNIV] Department of Risk Management

Member Institution [Grand Valley State University] | Loss Type Claim Incident

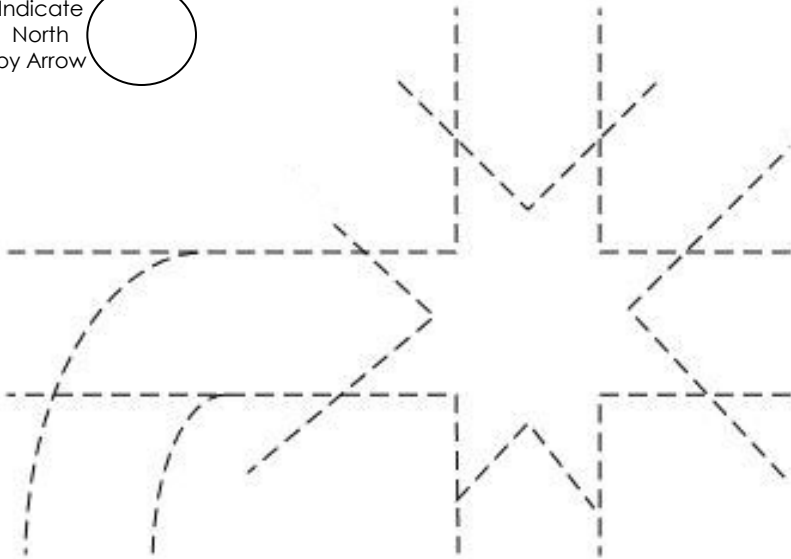
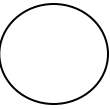
Type of Occurrence
 Date [] | Time of Occurrence [] | am pm
 Location of Occurrence [] |

Contact	Name:	Phone:
University Vehicle 	Driver's Name:	Phone:
	Address:	[Choose one] Dept:
	Vehicle License Plate No:	Driver's License No:
	Vehicle Year: Make: Model: Mileage:	
	VIN Number	
	Owned, Leased or Rented by GVSU:	
	Extent of Damage:	Is Vehicle Drivable? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Applicable: Other Vehicle Involved 	Owner's Name:	Phone:
	Address:	Extent of Damage:
	Vehicle License Plate No: State:	Driver's License No:
	Vehicle Year: Make: Model: Mileage:	
	Company Insured With:	
	Company Address:	
	Driver's Name:	Phone:
	Driver's Address:	Driver's License No: State:

IF MORE THAN TWO CARS WERE INVOLVED IN THE ACCIDENT, USE ADDITIONAL FORMS

Persons Injured Note: All personal injuries must be reported to the claims adjuster immediately.	PERSONS INJURED IN UNIVERSITY VEHICLE	
	Name:	Address:
	Nature of Injuries:	
	Phone Number:	Address:
	Hospital:	Address:
	Name:	Address:
	Nature of Injuries:	
	Phone Number	Address:
	Hospital:	Address:
	Name:	Address:
Nature of Injuries:		

Indicate North by Arrow




Indicate on this diagram what happened:

1. Draw heavy lines to show streets
2. Name streets
3. Draw arrow pointing North
4. Show vehicle and pedestrian as below:

University Vehicle = 

Other Vehicle = 

Pedestrians = 

Direction of Movement = 

5. Show angle of collision
6. Show number of traffic lanes

Give Detailed Description of Incident:

Draw Diagram here if area above does not suffice

ADDENDUM TO FORM FOR MICHIGAN NO-FAULT INSURANCE BENEFITS

1. Claimant may have the right to personal protection insurance benefits, property protection insurance benefits, and/or residual liability benefits under Michigan No-Fault Law if in compliance with the regulations and restrictions therein.
2. GVSU will pay claims in a timely manner upon approval from the proper authorities.
3. Please contact the Secretary of State for the State of Michigan at 517 322 1875 regarding GVSU's failure to fulfill its responsibilities under the Michigan No-Fault Law.

Signature of Driver:

Department:

Date of this Report:

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