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

Member Institution [Select an Institution] | Loss Type Claim ☐Incident ☐RPO ☐MPO ☐

Type of Occurrence [Select a Type]

Date [Select a Date] | Time of Occurrence [Enter time] am☐ pm☐

Location of Occurrence [Street or Highway Number and City]

|  |  |  |
| --- | --- | --- |
| Contact  | Name:  | Phone:  |
| University Vehicle**1** | Driver’s Name:  | Office 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 ☐ No ☐ |
| Other Vehicle Involved**2** | 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 InjuredNote: All personal injuries must be reported to the claims adjuster immediately.Persons Injured Cont.Note: All personal injuries must be reported to the claims adjuster immediately.  | PERSONS INJURED IN UNIVERSITY VEHICLE |
| Name:  | Address:  |
| Nature of Injuries:  |
| Examining Dr:  | Address:  |
| Hospital:  | Address:  |
| Name:  | Address:  |
| Nature of Injuries:  |
| Examining Dr:  | Address:  |
| Hospital:  | Address:  |
| Name:  | Address:  |
| Nature of Injuries:  |
| Examining Dr:  | Address:  |
| Hospital:  | Address:  |
| PERSONS INJURED IN OTHER VEHICLE |
| Name:  | Address:  |
| Nature of Injuries:  |  |
| Examining Dr:  | Address:  |
| Hospital:  | Address:  |
| Name:  | Address:  |
| Nature of Injuries:  |  |
| Examining Dr:  | Address:  |
| Hospital:  | Address:  |
| Name:  | Address:  |
| Nature of Injuries:  |  |
| Examining Dr:  | Address:  |
| Hospital:  | Address:  |
| Property Damage Other than Vehicle | Description:  |
| Witnesses | Name:  | Address:  |
| Name:  | Address:  |
| Name:  | Address:  |
| Name:  | Address:  |
| Name:  | Address:  |
|  |
| INCIDENT DESCRIPTION |
| Type of Traffic Controls or Signal: Posted Speed Limit: University Driver’s Speed: Check Seatbelts Used: Driver ☐ Passenger(s) ☐Check Conditions: Ice ☐ Snow ☐ Wet ☐ Dry ☐ Paved ☐ Gravel ☐ Fog ☐Police Notified? Yes ☐ No ☐ Name of Police Agency: Name of Officer: Badge No: Violation: Traffic Ticket Issued To: M.U.S.I.C. Adjustment Service Notified? Yes ☐ No ☐ |
| Indicate North by Arrow | Indicate on this diagram what happened:1. Draw heavy lines to show streets2. Name streets3. Draw arrow pointing North4. Show vehicle and pedestrian as below:**1**University Vehicle =**2**Other Vehicle =Pedestrians = Direction of Movement = 5. Show angle of collision6. Show number of traffic lanes |
| Draw Diagram here if area above does not suffice |
| Give Detailed Description of Incident:  |
| ADDENDUM TO FORM FOR MICHIGAN NO-FAULT INSURANCE BENEFITS1. 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. [Select an Institution] 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[Select an Institution]failure to fulfill its responsibilities under the Michigan No-Fault Law. |
| Signature of Driver: | Department:  | Date of this Report: [Select a Date] |