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 Injured  Note: 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 streets  2. Name streets  3. Draw arrow pointing North  4. Show vehicle and pedestrian as below:  **1**  University Vehicle =  **2**  Other Vehicle =  Pedestrians =  Direction of Movement =  5. Show angle of collision  6. 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 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. [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] | | |