

# M.U.S.I.C. MOTOR VEHICLE LOSS REPORT

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

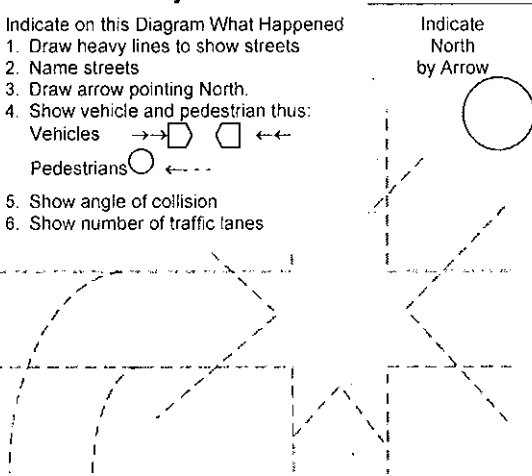
<b>RISK MANAGEMENT</b>	Member: EMU Contact Person: _____	OCCURRENCE TYPE: <b>CLAIM</b> Phone: _____
<b>OCCURRENCE</b>	Date of Occurrence:    /    /    Time:    A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Type of Occurrence: Accident <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Other <input type="checkbox"/> Location: _____ <span style="font-size: small; margin-left: 100px;">Street or Highway Number</span> <span style="float: right; margin-right: 50px;">City</span>	
<b>UNIVERSITY VEHICLE</b>  1	Driver's Name: _____ Home Address: _____ Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Driver's Lic. No.: _____ Department: _____ Office Phone: _____ Vehicle Lic. Plate No.: _____ Vehicle Mileage: _____ Vehicle Year: _____ Make: _____ Model: _____ Is vehicle driveable? Yes <input type="checkbox"/> No <input type="checkbox"/> Extent of Damage: _____	
<b>OTHER VEHICLE INVOLVED</b>  2	Owner's Name: _____ Street Address: _____ City: _____ State: _____ Vehicle Lic. Plate No.: _____ State: _____ Vehicle Year: _____ Make: _____ Model: _____ Extent of Damage: _____ Company Insured With: _____ Company Address: _____ Driver's Name: _____ Driver's Lic. No.: _____ State: _____ Driver's Address: _____	
<b>IF MORE THAN TWO CARS WERE INVOLVED IN THE ACCIDENT, USE ADDITIONAL FORMS</b>		
<b>PROPERTY DAMAGE OTHER THAN VEHICLE</b>	Description: _____	
<b>PERSONS INJURED</b>	<b>PERSONS INJURED IN UNIVERSITY VEHICLE</b>	
NOTE: All personal injuries must be reported to the claims adjuster immediately.	Name: _____ Address: _____	
	Nature of Injuries: _____	
	Examining Dr. : _____ Address: _____	
	Hospital: _____ Address: _____	
	Name: _____ Address: _____	
	Nature of Injuries: _____	
	<b>PERSONS INJURED IN OTHER VEHICLE</b>	
Name: _____ Address: _____		
Nature of Injuries: _____		
Examining Dr. : _____ Address: _____		
Hospital: _____ Address: _____		
Name: _____ Address: _____		
Nature of Injuries: _____		
Examining Dr. : _____ Address: _____		
Hospital: _____ Address: _____		

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<b>WITNESSES</b>	Name: _____ Address: _____
	Name: _____ Address: _____
	Name: _____ Address: _____
	Name: _____ Address: _____
	Name: _____ Address: _____

<b>INCIDENT DESCRIPTION</b>	Type of Traffic Controls or Signals: _____
	Posted Speed Limit: _____ University Driver's Speed: _____
	Check Seat belts Used: Driver <input type="checkbox"/> Passenger(s) <input type="checkbox"/>
	Check Conditions: Ice <input type="checkbox"/> Snow <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Paved <input type="checkbox"/> Gravel <input type="checkbox"/> Fog <input type="checkbox"/>
	Police Notified? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Police Agency: _____
	Name of Officer: _____ Badge No.: _____
	Traffic Ticket Issued to: _____ Violation: _____
M.U.S.I.C.'s Adjustment Service Notified? Yes <input type="checkbox"/> No <input type="checkbox"/>	



**Draw diagram here if that at left 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. Eastern Michigan University 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 regarding Eastern Michigan University's failure to fulfill its responsibilities under the Michigan No-Fault Law.

Signature of Driver: _____	Department: _____
Date of This Report:     /     /	