


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 WMU Department of Risk Management.**

RISK MANAGEMENT	Member: WMU Contact Person: _____			OCCURRENCE TYPE: INCIDENT Phone: _____		
OCCURRENCE	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: _____ <i>Street or Highway Number</i>			<i>City</i>		
UNIVERSITY VEHICLE 	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: _____					
OTHER VEHICLE INVOLVED 	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: _____					
IF MORE THAN TWO CARS WERE INVOLVED IN THE ACCIDENT, USE ADDITIONAL FORMS						
PROPERTY DAMAGE OTHER THAN VEHICLE	Description: _____					
PERSONS INJURED	PERSONS INJURED IN UNIVERSITY VEHICLE					
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: _____					
	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: _____				

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WITNESSES	Name: _____ Address: _____
	Name: _____ Address: _____
	Name: _____ Address: _____
	Name: _____ Address: _____
	Name: _____ Address: _____
INCIDENT DESCRIPTION	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"/>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="font-size: small;">Indicate on this Diagram What Happened</p> <ol style="list-style-type: none"> 1. Draw heavy lines to show streets 2. Name streets 3. Draw arrow pointing North. 4. Show vehicle and pedestrian thus: Vehicles → → ◻ ◻ ← ← Pedestrians ○ ← - - 5. Show angle of collision 6. Show number of traffic lanes </div> <div style="width: 15%; text-align: center;"> <p style="font-size: x-small;">Indicate North by Arrow</p>  </div> <div style="width: 35%; border-left: 1px dashed black; border-right: 1px dashed black; height: 150px;"> <p style="text-align: center; font-weight: bold; font-size: small;">Draw diagram here if that at left does not suffice.</p> </div> </div>
	<p>Give Detailed Description of Incident:</p>
ADDENDUM TO FORM FOR MICHIGAN NO-FAULT INSURANCE BENEFITS	
<ol style="list-style-type: none"> 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. Western 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 at 517-322-1875 regarding Western Michigan University's failure to fulfill its responsibilities under the Michigan No-Fault Law. 	
Signature of Driver: _____	Department: _____
Date of This Report: / /	