



## 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: CMU Department of Risk Management

00 CMU	Date of Incident: _____, 20____ Time: _____ AM _____ PM	
	Type of Incident: _____ Accident _____ Theft _____ Vandalism _____ Other _____	
	Location: _____ Street or Highway Number _____ City _____	
UNIVERSITY VEHICLE 	Driver's Name: _____ Faculty Volunteer Staff Student	Home Address: _____
	Department: _____ Office Phone: _____	Driver's Lic. No.: _____
	Year: _____ Make: _____	Vehicle Lic. Plate No.: _____
	Extent of Damages: _____	
	Is car drivable: Yes _____ No _____	Vehicle Mileage: _____
OTHER VEHICLE INVOLVED 	Name of Owner: _____ Address: _____	
	City: _____ State: _____	
	Year: _____ Make: _____ Body Style: _____ Lic. No.: _____ State: _____	
	Extent of Damage: _____	
	Company Insured with: _____	Address: _____
	Name and Address of Driver: _____ _____	
<b>IF MORE THAN TWO CARS WERE INVOLVED IN ACCIDENT, USE ADDITIONAL FORMS</b>		
PROPERTY DAMAGE OTHER THAN VEHICLE	Description: _____ _____	
	<b>NOTE: All personal injuries must be reported to the claims adjuster immediately.</b>	
PERSONS INJURED	1. Name and Address of persons injured in University Vehicle and Nature of Injuries: _____ _____ _____	
	Examining Doctor: _____	Address: _____
	Hospital: _____	Address: _____
	2. Name and Address of persons injured in other vehicle and nature of injuries: _____ _____ _____	
	Examining Doctor: _____	Address: _____
	Hospital: _____	Address: _____
	3. Name and Address of persons injured in other vehicle and nature of injuries: _____ _____ _____	
	Examining Doctor: _____	Address: _____
	Hospital: _____	Address: _____

Name and address of witnesses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of traffic controls or signals:

Posted speed limit: \_\_\_\_\_ Your speed: \_\_\_\_\_

Were seat belts used? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ By Driver \_\_\_\_\_ By Passenger


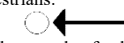
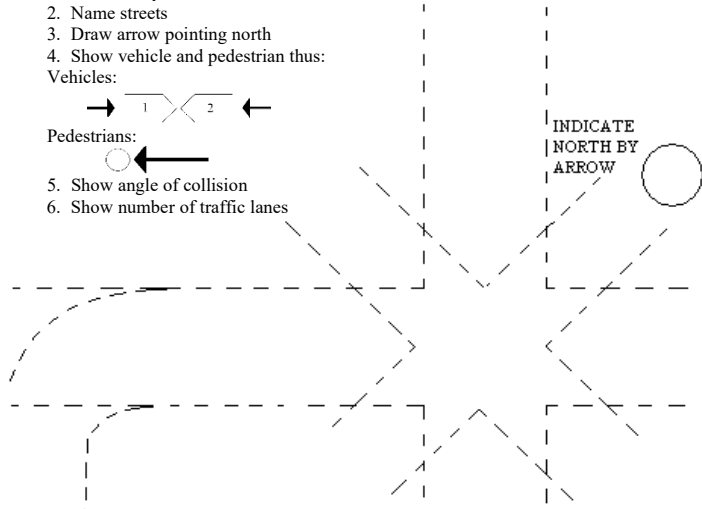
Road and Driving: \_\_\_\_\_ Icy \_\_\_\_\_ Snow \_\_\_\_\_ Wet \_\_\_\_\_ Dry \_\_\_\_\_ Paved \_\_\_\_\_ Gravel \_\_\_\_\_ Fog

Were Police Notified? \_\_\_\_\_ Name of Police Agency Notified? \_\_\_\_\_

Name of Officer: \_\_\_\_\_ Badge No.: \_\_\_\_\_

Traffic Ticket issued to: \_\_\_\_\_ Violation: \_\_\_\_\_

Has M.U.S.I.C.'s adjustment service been notified?  
\_\_\_\_\_

<p>Indicate on this Diagram What Happened:</p> <ol style="list-style-type: none"> <li>1. Draw heavy lines to show streets</li> <li>2. Name streets</li> <li>3. Draw arrow pointing north</li> <li>4. Show vehicle and pedestrian thus: Vehicles: </li> <li>Pedestrians: </li> <li>5. Show angle of collision</li> <li>6. Show number of traffic lanes</li> </ol> 	<p>Draw diagram here if that at left does not suffice.</p>
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Give detailed explanation:

**ADDENUM 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 insurance benefits under Michigan no-fault law if in compliance with the regulations and restrictions therein.
2. CMU 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 CMU's failure to fulfill its responsibilities under the Michigan no-fault law.

Signature of driver: \_\_\_\_\_ Department: \_\_\_\_\_

Date of this report: \_\_\_\_\_, 20 \_\_\_\_\_