

# MICHIGAN STATE UNIVERSITY

## AUTOMOBILE ACCIDENT REPORT

Office of Risk Management & Insurance  
Olds Hall  
408 W. Circle Drive Rm 113  
East Lansing, MI 48824  
Phone (517) 355-5022  
Fax (517) 432-3854  
E-mail: riskmgmt@msu.edu

MSU	Date of Incident:	Time:	AM	PM	
	Location: Street or Highway Number/City/State				
University Vehicle	Name of Driver:		Date of Birth:		
	Home Address: (street)		(city)	(state) (zip)	
	Department:		Faculty <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/>		
	Office Phone:		Vehicle Plate #:	VIN #:	
	Unit #:		Year:	Make/Body Style:	
	Drivers License No. :				
	Location/Extent of Damage:				
	Where was vehicle taken:				
Is vehicle drivable? Yes <input type="checkbox"/> No <input type="checkbox"/> MSU Vehicle was being used for:					
Other Vehicle	Name of Driver:				
	Address (street)		(city)	(state) (zip)	
	Year:	Make:	Body Style:	Lic. No.:	State:
	Location/Extent of Damage:				
	Company Insured with:		Policy #:		
	Name & Address of Owner:				
	<b>IF MORE THAN TWO VEHICLES WERE INVOLVED IN ACCIDENT - USE ADDITIONAL FORMS</b>				
Non-Vehicle Property Damage	Description:				
Persons Injured	1. Name and address of Persons injured in University Vehicle and Nature of Injuries:				
	2. Name and Address of Person injured in other Vehicle and Nature of Injuries:				
	3. Name and Address of Others Injured and Nature of Injuries:				

Name and Address of Each Witness:

Road and Driving Conditions: Icy  Snowy  Dry  Wet  Paved  Gravel

Were Police notified? Yes  No  Name of Police Agency Notified:

Traffic Accident Report Number:

Officer's Name:

Badge #:

Traffic Ticket issued to:

Violation:

<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 vehicles and pedestrians</li> <li>5. Show angle of collision</li> <li>6. Show number of traffic lanes</li> </ol>	<p>Indicate North By An Arrow</p>	<p>Draw diagram here if that at left does not suffice</p>

Give Detailed Description:

**(THIS SECTION MUST BE COMPLETED)**

**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 insurance benefits under Michigan no-fault law if in compliance with the regulations and restrictions therein.
2. MSU will pay claims in a timely manner upon approval from the proper authorities.
3. Please contact the Department of Insurance and Financial Services regarding any failure by MSU to fulfill its responsibilities under the Michigan no-fault law. Department of Insurance and Financial Services, P.O. Box 30220, Lansing, MI 48909-7720.

NAME/TITLE OF MSU

EMPLOYEE COMPLETING THIS REPORT:

PHONE:

E-MAIL:

NAME/TITLE OF MSU EMPLOYEE'S SUPERVISOR:

PHONE:

E-MAIL:

SUPERVISOR'S SIGNATURE:

DATE: