

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: RiskManagementEmail@campusad.msu.edu

MSU	Date of Incident: _____ Time: _____ AM _____ PM
	Location: Street or Highway Number/City/State
University Vehicle	Name of Driver: _____ Date of Birth: _____ Faculty <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/>
	Home Address: (street) _____ (city) _____ (state) _____ (zip) _____
	Department: _____ Drivers License No. : _____
	Office Phone: _____ Vehicle Plate #: _____ VIN #: _____
	Unit #: _____ Year: _____ Make/Body Style: _____
	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 Secretary of State for the State of Michigan regarding MSU failure to fulfill its responsibilities under the Michigan no-fault law. Michigan Department of State, Assigned Claims Facility, 7064 Crowser Drive, Lansing, MI 48919-1412 .

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: