


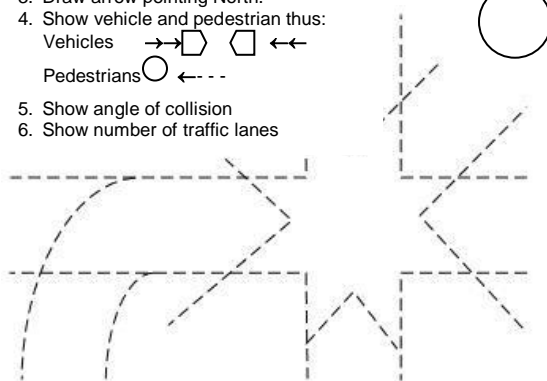
M.U.S.I.C. MOTOR VEHICLE LOSS REPORT



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

RISK MANAGEMENT	Member: FSU Contact Person: _____			OCCURRENCE TYPE: INCIDENT Phone: _____		
OCCURRENCE	Date of Occurrence: / /		Time: _____		A.M. P.M.	
	Type of Occurrence: Accident <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Other <input type="checkbox"/>					
	Location: _____			City _____		
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 No 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: _____				

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

WITNESSES	Name: _____ Address: _____
	Name: _____ Address: _____
	Name: _____ Address: _____
	Name: _____ Address: _____
	Name: _____ Address: _____
INCIDENT DESCRIPTION	<p>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"/></p>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>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: 10%; text-align: center;"> <p>Indicate North by Arrow</p>  </div> <div style="width: 40%; text-align: center;"> <p>Draw diagram here if that at left does not suffice.</p>  </div> </div>
	<p>Give Detailed Description of Incident:</p>
<p>ADDENDUM TO FORM FOR MICHIGAN NO-FAULT INSURANCE BENEFITS</p> <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. Ferris State 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 Ferris State University's failure to fulfill its responsibilities under the Michigan No-Fault Law. 	
Signature of Driver: _____	Department: _____
Date of This Report: / /	