

UNIVERSITY OF MICHIGAN Driver's Report of Vehicle Damage or Public Incident

IMPORTANT: THIS FORM MUST BE FILLED OUT COMPLETELY. ONLY ONE ACCIDENT, PUBLIC INCIDENT, VANDALISM, etc., MAY BE REPORTED ON EACH FORM.

CLAIMANT MAY HAVE THE RIGHT TO PERSONAL PROTECTION INSURANCE BENEFITS, PROPERTY INSURANCE BENEFITS, AND/OR RESIDUAL LIABILITY INSURANCE BENEFITS IF IN COMPLIANCE WITH THE MICHIGAN NO-FAULT INSURANCE LAW. THE UNIVERSITY OF MICHIGAN WILL PAY CLAIMS IN A TIMELY MANNER AS PRESCRIBED BY THE MICHIGAN NO-FAULT INSURANCE LAW. IF THERE ARE ANY QUESTIONS CONCERNING THE MICHIGAN NO-FAULT INSURANCE LAW, CONTACT THE DEPARTMENT OF STATE. (517)322-1875

INSTRUCTIONS TO DRIVERS:

In case of injury to person or damage to property:

- A. Stop car and render such assistance as may be needed.
- B. Contact Local Police or Campus Police.
- C. Fill out this form, ON THE SPOT, so far as possible; this report is in addition to any reports filed by UM Security or police.
- D. Deliver this report promptly to the Transportation Services Office.
- E. Print all entries clearly and sign where noted.

1 UNIVERSITY VEHICLE	UM #.	YEAR	MAKE	MODEL	VIN #
	LICENSE PLATE #.	PURPOSE OF TRIP		USING DEPT.	SHORTCODE FOR (REQUIRED) DEDUCTIBLE
2 TIME AND PLACE OF ACCIDENT	DATE	TIME	CITY AND STATE		
	LOCATION				
	POLICE AGENCY, SECURITY			POLICE REPORT #	
	ADDRESS, CITY, STATE, ZIP				
3 UNIVERSITY DRIVER	NAME			EMPLID #	
	ADDRESS, CITY, STATE, ZIP			DOB	
	OPERATOR'S LICENSE #		STATE	DAYTIME PHONE	
4 DAMAGE TO UNIVERSITY CAR	NATURE OF LOSS				
	PARTS AND EXTENT OF DAMAGES				
5 STATEMENT OF DRIVER	PLEASE PRINT CLEARLY OR TYPE. DESCRIBE BELOW HOW THE ACCIDENT/INCIDENT OCCURRED GIVING DIRECTION AND SPEED OF VEHICLE OR VEHICLES, WIDTH OF STREET OR HIGHWAY, CONDITION OF ROAD SURFACE, WEATHER, ETC., IF APPLICABLE: <i>(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SUPPLEMENTAL SHEET TO FORM).</i>				

NOT VALID UNLESS SIGNED

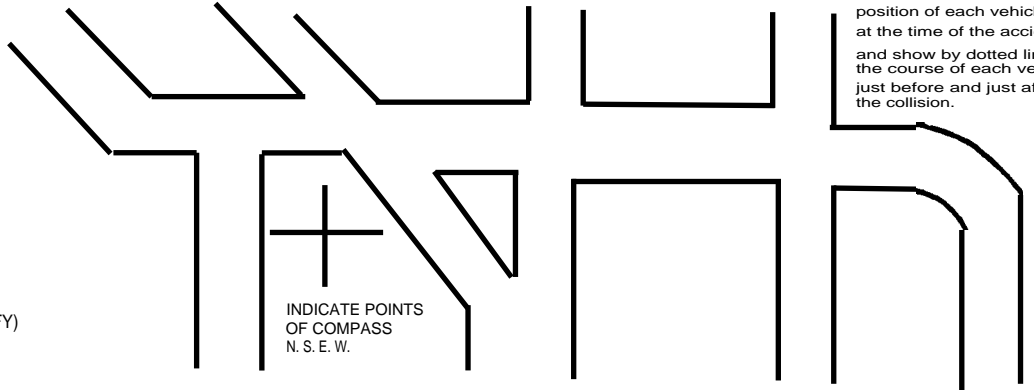
SIGNATURE OF DRIVER _____ SIGNATURE OF SUPERVISOR _____
 DATE OF THIS REPORT _____ NAME (PRINT) _____
 DATE _____ PHONE NO. _____

In the absence of a fully completed Driver's Report of Vehicle Damage, all repair costs and/or deductible may be charged to the using department. Complete both pages where applicable.

SHOW HOW ACCIDENT OCCURRED BY USING THIS DIAGRAM

CONDITIONS AND DIAGRAM

- ROAD**
- DRY
 - WET
 - SNOW/ICY
 - OTHER (SPECIFY)
- WEATHER**
- CLEAR
 - CLOUDY
 - RAIN
- LIGHT**
- DAYLIGHT
 - DAWN
- STRAIGHT
 - CURVE
 - INTERSECTION
 - GRADE
 - LEVEL
 - SNOW
 - FOG
 - OTHER (SPECIFY)
 - DUSK
 - DARK



GIVE STREET NAMES, DIRECTIONS, AND LOCATIONS OF OBJECTS INVOLVED

7 OTHER DRIVER	NAME		DOB		
	ADDRESS				
	OPERATOR'S LICENSE #				
8 PERSONS INJURED	NAME		ADDRESS		DOB
	INJURIES				
	<input type="checkbox"/> INSURED'S CAR	<input type="checkbox"/> IN OTHER CAR	<input type="checkbox"/> PEDESTRIAN	ATTENDED BY	WHERE TAKEN AFTER ACCIDENT
	NAME		ADDRESS		DOB
	INJURIES				
9 DAMAGE TO PROPERTY OF OTHERS	NATURE AND EXTENT OF DAMAGE				
	OWNER		ADDRESS		
	OTHER DRIVER		ADDRESS		
	IF AUTOMOBILE, MAKE & YEAR	LICENSE PLATE #	INSURANCE CO. AND POLICY #		
10 WITNESSES	WITNESSES IN INSURED CAR		ADDRESS		TELEPHONE NUMBER
	WITNESSES IN OTHER CAR		ADDRESS		TELEPHONE NUMBER
	OTHER WITNESSES (IMPORTANT)		ADDRESS		TELEPHONE NUMBER