

Driver's Report of Vehicle Damage or Public Incident

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 Insurance and Financial Services, P.O. Box 30220, Lansing, MI 48909-7720, 877-999-6442.

INSTRUCTIONS TO DRIVERS

- In case of injury to person or damage to property:
1. Stop car and render assistance as may be needed.
 2. Contact Local Police or Campus Police.
 3. 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.
 4. Deliver this report promptly to the Transportation Services Office.
 5. Print all entries clearly and sign where noted.

1 UNIVERSITY VEHICLE	UM #	Year	Make	Model	VIN#
	License Plate #	Purpose of Trip		Using Department	Shortcode for Deductible (REQUIRED)
2 TIME AND PLACE OF ACCIDENT	Date	Time	City and State		
	Location				
	Police Agency, Security			Police Report #	
	Address	City	State	Zipcode	
3 UNIVERSITY DRIVER	Name		Employee ID#	Date of Birth	
	Address	City	State	Zipcode	
	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: (IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SUPPLEMENTAL SHEET TO FORM).				

NOT VALID UNLESS SIGNED

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.

Signature of Driver	Print Name	Date of this Report		
Signature of Supervisor	Print Name	Date Signed	Phone	

6 CONDITIONS AND DIAGRAM

SHOW HOW ACCIDENT OCCURRED BY USING THIS DIAGRAM

Label streets and indicate measurements; show the position of each vehicle at the time of the accident and show by dotted lines the course of each vehicle just before and just after the collision.

ROAD

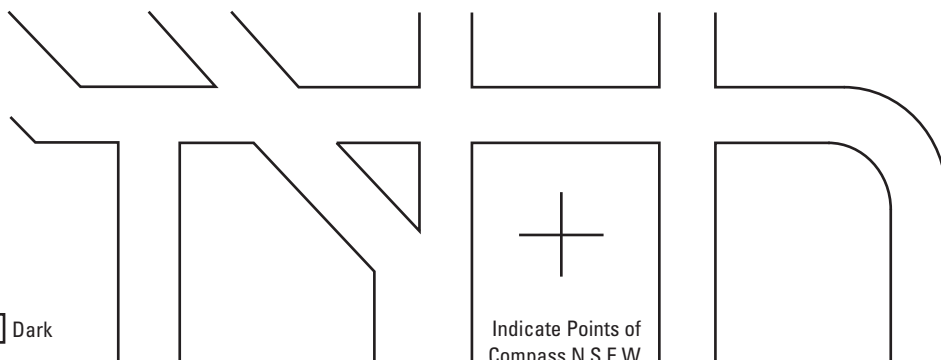
- Dry Straight Grade
- Wet Curved Level
- Snow/Ice Intersection Other (specify)

WEATHER

- Clear Rain Fog
- Cloudy Snow Other (specify)

LIGHT

- Daylight Dawn Dusk Dark



Indicate Points of Compass N S E W.

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OTHER DRIVER

Name	Date of Birth	Operator's License #
Address		

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PERSONS INJURED

Name	Address	Date of Birth
Injuries		
<input type="checkbox"/> In Insured's Car <input type="checkbox"/> In Other Car <input type="checkbox"/> Pedestrian	Attended By	Where Taken After Accident
Name	Address	Date of Birth
Injuries		
<input type="checkbox"/> In Insured's Car <input type="checkbox"/> In Other Car <input type="checkbox"/> Pedestrian	Attended By	Where Taken After Accident

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DAMAGE TO PROPERTY OF OTHERS

Nature and Extent of Damage		
Owner	Address	
Other Driver	Address	
If Automobile, Make and Year	License Plate #	Insurance Company and Policy #

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WITNESSES

Witness in Insured Car	Address	Phone number
Witness in Insured Car	Address	Phone number
Witness in Insured Car	Address	Phone number
Witness in Other Car	Address	Phone number
Witness in Other Car	Address	Phone number
Witness in Other Car	Address	Phone number
Other Witness (IMPORTANT)	Address	Phone number
Other Witness (IMPORTANT)	Address	Phone number
Other Witness (IMPORTANT)	Address	Phone number