





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



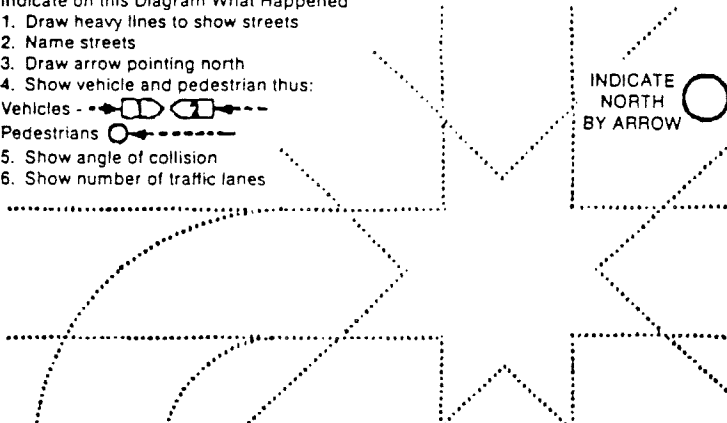
Instructions: Form must be completed in detail. All applicable information is required.  
Submit report immediately to: ASU Risk Management Services, Ltd., P.O. Box 77, Okemos, Michigan 48805-0077

10 LSSU	Date of Incident _____ 19____ Time _____ AM _____ PM _____ Type of Incident _____ Accident _____ Theft _____ Vandalism _____ Other _____ Location _____ <div style="text-align: center;">Street or Highway Number _____ City _____</div>
University Vehicle 	Driver's Name _____ Home Address _____ Faculty <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Driver's Lic. No. _____ Department _____ Office Phone _____ Vehicle Lic. Plate No. _____ Year _____ Make _____ Body Style _____ Extent of Damages _____ <hr/> Is car driveable: _____ Yes _____ No _____ Vehicle Mileage _____
Other Vehicle Involved 	Name of Owner _____ Address _____ City _____ State _____ Year _____ Make _____ Body Style _____ Lic. No. _____ State _____ Extent of Damage _____ <hr/> Company Insured with _____ Address _____ Name and Address of Driver _____ Operators Lic. No. and State wherein issued _____
<b>IF MORE THAN TWO CARS WERE INVOLVED IN ACCIDENT, USE ADDITIONAL FORMS</b>	
Property Damage Other Than Vehicle	Description _____ _____ _____ _____
Persons Injured	<p>NOTE: All personal injuries must be reported to the claims adjuster immediately.</p> <p>1. Name and Address of persons injured in University Vehicle and Nature of Injuries: _____          _____          _____</p> <p>Examining Doctor _____ Address _____          Hospital _____ Address _____</p> <p>2. Name and Address of persons Injured in other vehicle and nature of Injuries: _____          _____          _____</p> <p>Examining Doctor _____ Address _____          Hospital _____ Address _____</p> <p>3. Name and Address of persons Injured in other vehicle and nature of Injuries: _____          _____          _____</p> <p>Examining Doctor _____ Address _____          Hospital _____ Address _____</p>

(Complete Reverse Side)

Name and address of witnesses \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Type of traffic controls or signals \_\_\_\_\_  
 Posted speed limit \_\_\_\_\_ Your speed \_\_\_\_\_  
 Were seat belts used? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ By Driver \_\_\_\_ By Passenger  
 Road and Driving \_\_\_\_ Icy \_\_\_\_ Snow \_\_\_\_ Wet \_\_\_\_ Dry \_\_\_\_ Paved \_\_\_\_ Gravel \_\_\_\_ Fog  
 Were police notified? \_\_\_\_\_ Name of Police Agency notified? \_\_\_\_\_  
 Name of Officer \_\_\_\_\_ Badge No. \_\_\_\_\_  
 Traffic Ticket issued to \_\_\_\_\_ Violation \_\_\_\_\_  
 Has M.U.S.I.C.'s adjustment service been notified? \_\_\_\_\_

<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 vehicle and pedestrian thus:            Vehicles -             Pedestrians </li> <li>5. Show angle of collision</li> <li>6. Show number of traffic lanes</li> </ol> 	<p>Draw diagram here if that at left does not suffice.</p>
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Give detailed explanation \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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. LSSU 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 LSSU's failure to fulfill its responsibilities under the Michigan no-fault law.

Signature of driver \_\_\_\_\_ Department \_\_\_\_\_  
 Date of this report \_\_\_\_\_ 19 \_\_\_\_\_