

**MICHIGAN STATE
UNIVERSITY**

AUTOMOBILE ACCIDENT REPORT

Office of Risk Management & Insurance
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East Lansing, MI 48824-1047
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Fax (517) 432-3854
E-mail: risk.management@ctrl.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: _____				
IF MORE THAN TWO VEHICLES WERE INVOLVED IN ACCIDENT - USE ADDITIONAL FORMS					
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: _____				

