

Policy #: AL712018
Company: Michigan Higher Education Group Self-Insurance and
Risk-Management Facility

WHAT TO DO IN CASE OF ACCIDENT

- A. Remain at the scene.** Do not move the vehicle unless it presents a safety hazard to others. If someone is hurt, call 911 promptly. Warn other motorists in any way possible.
- B. Report accident to appropriate authorities.** Report any accidents involving serious injury or damage promptly by calling 911. If you cannot leave the vehicle or get to a telephone, ask a passing motorist to call 911.
- C. Gather accident information.** Obtain the name and address of the driver of the other vehicle(s) as well as the name and address of any injured person(s). Obtain the license number of the other vehicle(s) as well as the license number of any other driver(s) involved. You will need to complete a diagram of the accident at a later time, so attempt to form a written or mental picture of how the accident happened.
- D. Obtain names addresses and phone numbers of any witnesses.**
- E. Call your Institution's Motor Pool.** Telephone Mark Myllyoja at 906.487.2700 as there may be other steps to take before you leave the scene. If you are calling after normal working hours leave a voice message, but also contact Michigan Tech Public Safety at 906.487.2216.
- F. Obtain a police report or accident file number.**
- G. Upon notification, University Risk Management shall notify their TPA.**


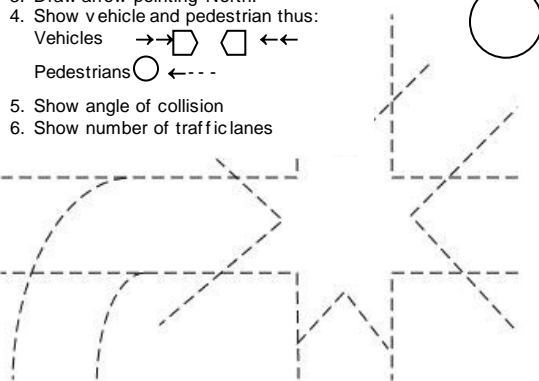
M.U.S.I.C. MOTOR VEHICLE LOSS REPORT



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

RISK MANAGEMENT	Member: MTU Contact Person: Janet Hayden	OCCURRENCE TYPE: INCIDENT Phone: 906-487-2267
OCCURRENCE	Date of Occurrence: / / Type of Occurrence: Accident <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Other <input type="checkbox"/>	Time: A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>
Location: _____ <i>Street or Highway Number</i> <i>City</i>		
UNIVERSITY VEHICLE <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; text-align: center; line-height: 30px;">1</div>	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 <input type="checkbox"/> No <input type="checkbox"/> Extent of Damage: _____	
OTHER VEHICLE INVOLVED <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; text-align: center; line-height: 30px;">2</div>	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	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"/>
	<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: 45%; text-align: right;"> <p>Draw diagram here if that at left does not suffice.</p>  </div> </div>
	<p>Give Detailed Description of Incident:</p>
ADDENDUM TO FORM FOR MICHIGAN NO-FAULT INSURANCE BENEFITS	
<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. Michigan Technological 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 Michigan Technological University's failure to fulfill its responsibilities under the Michigan No-Fault Law. 	
Signature of Driver: _____	Department: _____
Date of This Report: / /	