

VIII. If motor vehicles were involved, please complete the following:

STATE VEHICLE:

Tag number, if known _____

Driver, if known _____

Does the operator of the state vehicle have a rider on his insurance policy to cover him/her while operating a state vehicle? _____

If the state employee does have a rider, the claimant must go through the state employee's insurance.

CLAIMANT'S VEHICLE:

In whose name is vehicle registered? _____

**** This claim must be filed and signed by the registered owner.**

Vehicle year, make and model: _____

Name and address of driver and passengers: _____

Name of law enforcement authority or officer who investigated the incident:

Please submit a copy of police report, incident report, or Uniform Traffic Report if possible.

You Must Sign ► Claimant's Signature _____

Address: _____

EMAIL ADDRESS (REQUIRED) _____

We Must Have ► Social Security Number or Federal ID Number:

Telephone _____ Work Phone _____

Date _____

*****Claim must be presented to the University within one year from the date of the incident.**