



**NOTICE OF CLAIM**

**AUTOMOBILE/MOTORIZED EQUIPMENT ACCIDENT REPORT**

ROUTING  
EHS&RM  
MSC 3578  
[ehs@nmsu.edu](mailto:ehs@nmsu.edu)  
Phone 646-3327

Departments must report loss of NMSU property due to automobile or motorized equipment (similar to a motorized vehicle) accident as soon as practical after the occurrence but must be within five (5) days of the occurrence to allow for processing. Complete this form and send a copy of the police report.

First party claims are defined as follows and must meet one of the following criteria: (please check)

- Vehicle owned by the agency, or in the care, custody and control of the agency
- Rental vehicle used in the course and scope of business by a public employee
- Personal vehicle used in course and scope of employment with agency approval

Only upon certification that the employee's personal vehicle insurance policy coverage has been declined or exhausted, may the agency submit a vehicle loss claim for a personal vehicle.

Police Report Filed: Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, indicate agency (i.e. NMSU PD, LCPD, other) \_\_\_\_\_

**SECTION 1: DEPARTMENT AND VEHICLE INFORMATION**

Department \_\_\_\_\_ College/Division \_\_\_\_\_

Campus: \_\_\_\_\_ Department address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Vehicle # \_\_\_\_\_ License Plate # \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN/ Serial # \_\_\_\_\_ Banner Index to which vehicle insurance is charged \_\_\_\_\_

**SECTION 2: DRIVER INFORMATION**

**NMSU Driver Information:**

Name of Driver \_\_\_\_\_ Work & Home Phone Number(s): \_\_\_\_\_

Aggie ID \_\_\_\_\_ Driver's License #/State \_\_\_\_\_

**SECTION 3: ACCIDENT INFORMATION**

Date & time of accident \_\_\_\_\_

Location of accident \_\_\_\_\_

Location of damage on vehicle \_\_\_\_\_ Can vehicle be driven: Yes No

How many vehicles involved? \_\_\_\_\_

Citations Issued (for what?) \_\_\_\_\_

NMSU driver's statement of accident:

Names, addresses and phone numbers of all injured in NMSU vehicle (if none, write NONE):

Description of damages (When available, provide copy of purchase document and estimate of loss):

#### SECTION 4: OTHER PARTY

Name of other driver, property owner, or pedestrian \_\_\_\_\_

Driver's License #/State \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Night-time Phone # \_\_\_\_\_

License Plate # \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Location of damage on vehicle \_\_\_\_\_ Can vehicle be driven: Yes No

Citations issued (for what) \_\_\_\_\_

Insurance Company/Policy Number \_\_\_\_\_

Names, addresses, and phone numbers of all those injured in the vehicle (if none, write NONE)

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**SECTION 5: REPORTER SIGNATURE** (All statements made on this form are true and correct to the best of my knowledge)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**Return completed form to:**  
Environmental Health Safety & Risk Management  
New Mexico State University  
P.O. Box 30001/MSU 3578  
Las Cruces, NM 88003-8001  
[ehs@nmsu.edu](mailto:ehs@nmsu.edu)