

GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY

Private Property Crash Report


Case # _____

CRASH INFORMATION

Date of Crash	Time of Crash	Day of the Week	Date Reported
CONDITIONS			At the Time of Crash: Were you drinking? Y N Were you wearing your seatbelt? Y N
Light	Weather	Roadway/Parking Lot Conditions	
Day Dusk Dawn Dark	Clear Snow Fog Cloudy Rain	Wet Snow Dry Ice	

Location of Crash (Be Specific)

YOUR INFORMATION

Name (First, Middle, Last)			Address (Street, City, State, Zip)		
Drivers License Number	State	Date of Birth	Age	Sex	Injured? N Y (explain)
Vehicle (Year, Make, Type)	Plate Number	Vehicle Identification Number (VIN)			
Insurance Company			Agents Address		
Circle Area of Impact: 	Amount of Damage? 1=Least 7=Worst 1 2 3 4 5 6 7		Drivable Y N		
	Additional Damage to:		Towed By:		
			Towed To:		

PASSENGERS IN YOUR VEHICLE

Name	Address	Telephone Number	Age	Injured?
				Y N
				Y N
				Y N

OTHER DRIVER INFORMATION

Other Drivers Name (First, Middle, Last)		Address (Street, City, State, Zip)	
Telephone Number	Plate Number	Vehicle Description	Insurance Company

DESCRIPTION OF CRASH
(Use back of form if more space is needed)

Signature	Date Form Completed
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Return completed form to: Records Section, Grand Haven Department of Public Safety, 525 Washington Avenue, Grand Haven, MI 49417