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
Dawn
Dusk
Dark
Clear
Cloudy
Rain
Snow
Fog
Wet
Dry
Snow
Ice

Weather
Roadway/Parking Lot Conditions

Location of Crash (Be Specific)

YOUR INFORMATION
Name (First, Middle, Last)
Address (Street, City, State, Zip)
Phone
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
Insurance Policy Number

Circle Area of Impact:
Amount of Damage?
1=Least 2 3 4 5 6 7=Worst

Drivable Y N

Towed By:
Towed To:

OTHER DRIVER INFORMATION
Name (First, Middle, Last)
Address (Street, City, State, Zip)
Phone
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
Insurance Policy Number

Circle Area of Impact:
Amount of Damage?
1=Least 2 3 4 5 6 7=Worst

Drivable Y N

Towed By:
Towed To:

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

Signature
Date Form Completed

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