

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:
Light		Weather		Roadway/Parking Lot Conditions	
Day Dawn	Dusk Dark	Clear Cloudy	Snow Rain	Fog	Wet Dry
					Were you drinking? Y N
					Were you wearing your seatbelt? Y N
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		Vehicle Driveable? Y N Towed By:	
		Additional Damage to:		Towed To:	
PASSENGERS IN YOUR VEHICLE					
Name	Address	Telephone Number		Age	Injured?
					Y N
					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 is 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