

PRIVATE PROPERTY CRASH

COLUMBIA TOWNSHIP POLICE DEPARTMENT

INSTRUCTIONS

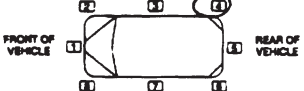
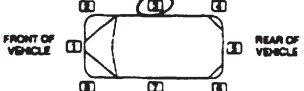
Dear Citizen:

The attached form is intended to provide a speedy self reporting system of your Private Property Vehicle crash. Please follow the instructions and example below when completing the form.

DO NOT USE THIS FORM IF THE COLLISION INVOLVES ANY OF THE FOLLOWING.
Dial 9-1-1 to have a Police Officer/Deputy dispatched to investigate crash if ANY apply.

- 1) The driver of either vehicle is under the influence of drugs or alcohol.
- 2) The collision involves reckless driving.
- 3) Personal injuries occurred.
- 4) The collision occurred on a public street.
- 5) The license plate number of a hit and run vehicle was obtained by a witness.

PRIVATE PROPERTY CRASH

NOTE: Knowingly providing false information on this form could result in the offending party being prosecuted for filing a false police report.					
VIN: The Vehicle Identification Number (or VIN) is printed on your registration. The VIN can also be located on your dashboard under the lower driver's side of the windshield or on the driver's side front door pillar.					
TYPE ON PRINT WITH BLACK INK					
LOCATION AND/OR ADDRESS OF CRASH: 216 E. Washington (Parking lot of Jackson P. D.)					TIME AND DATE: 5/6/96
DRIVER'S NAME, WITNESSES A Doe, James	MF M	AGE OR DOB 5-6-58	HOME ADDRESS & DRIVER'S LICENSE NUMBER 1772 Tree Lane	TX HOME/BUSINESS HOME PHONE 555-3434	WORK PHONE 555-6754
VEHICLE A: VEHICLE IDENTIFICATION NUMBER:					
VEHICLE YEAR 1996	VEHICLE MAKE & COLOR FORD/RED	VEHICLE TYPE (2 dr., Van, Pick-up, etc.) 2 DR FORD ESCORT	LICENSE PLATE NUMBER HZE-333	LICENSE PLATE STATE MI	
REGISTERED OWNER NAME, ADDRESS, HOME PHONE AND WORK PHONE OF VEHICLE A: (Complete only if different than name in Box A above) SAME AS DRIVER A					
INSURANCE COMPANY AND POLICY NUMBER AAA INSURANCE COMPANY			INDICATE AREA DAMAGED IN THIS CRASH ON VEHICLE A BY CIRCLING NUMBER MOST CLOSELY CORRESPONDING TO AREA OF DAMAGE.		
BRIEF EXPLANATION OF HOW VEHICLE A WAS DAMAGED: while I was backing out of my parking space, I backed into the below listed car that was driving through the parking lot.					
DRIVER'S NAME, WITNESSES B Anderson, Julie	MF F	AGE OR DOB 4-1-60	HOME ADDRESS & DRIVER'S LICENSE NUMBER 14502 Tire Dr. Detroit MI	TX HOME/BUSINESS HOME PHONE 813-555-4112	WORK PHONE 813-555-1277
VEHICLE B: VEHICLE IDENTIFICATION NUMBER:					
VEHICLE YEAR 1990	VEHICLE MAKE & COLOR CHEVY/BLUE	VEHICLE TYPE (2 dr., Van, Pick-up, etc.) 4 DR. CAPRICE	LICENSE PLATE NUMBER 123-BLG	LICENSE PLATE STATE MI	
REGISTERED OWNER NAME, ADDRESS, HOME PHONE AND WORK PHONE OF VEHICLE B: (Complete only if different than name in Box B above) Frankie Anderson 14502 Tire Dr., Detroit, MI					
INSURANCE COMPANY AND POLICY NUMBER Good Citizens Insurance Co.			INDICATE AREA DAMAGED IN THIS CRASH ON VEHICLE B BY CIRCLING NUMBER MOST CLOSELY CORRESPONDING TO AREA OF DAMAGE.		
BRIEF EXPLANATION OF HOW VEHICLE B WAS DAMAGED: while I was driving through the parking lot, Mr. Doe backed his car into my passenger side door, damaging it.					
OTHER PROPERTY DAMAGED OTHER THAN VEHICLES (TREES, SIGNS, BUILDINGS, ETC.) RAN OVER THE ENTER SIGN.					
Police Use Only	INCIDENT NO.	RELATED INCIDENT NO.	TIME AND DATE RECEIVED	RECEIVING OFFICER	
	INCIDENT TYPE PRIVATE PROPERTY CRASH	DISTRICT	TOWNSHIP	VILLAGE	REVIEWED TIME AND DATE
	CLASS	OFFICER OR REVIEWER NOTES:			
	PAGE 1 of	DISPOSITION			

INSTRUCTIONS FOR COMPLETION OF FORM

Step One

Complete all requested information on the attached form as indicated (please see example at left).

Step Two

Make necessary copies for your records. You may need a copy for your insurance company.

Step Three

Mail or bring the police copy of the report form to the appropriate police agency indicated below.

If the crash occurred within the Jackson City limits, mail or deliver the completed form to:

Jackson City Police Department
216 E. Washington Street
Jackson, MI 49201
(517) 788-4100

If the crash occurred outside the Jackson City limits, mail or deliver the completed form to:

Jackson County Sheriff's Department
212 W. Wesley Street
Jackson, MI 49201
(517) 788-4200

If the crash occurred within Columbia Township, mail or deliver the completed form to:

Columbia Township Police Department
8500 Jefferson Road
Brooklyn, MI 49230
(517) 592-3122

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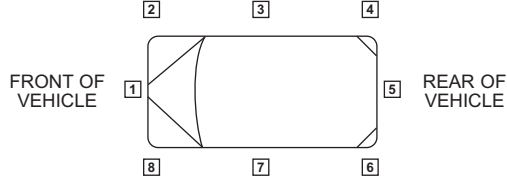
COLUMBIA TOWNSHIP POLICE DEPARTMENT

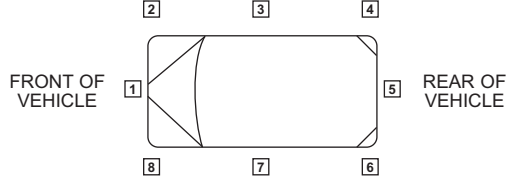
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TYPE OR PRINT WITH BLACK INK

LOCATION AND/OR ADDRESS OF CRASH:	TIME AND DATE:
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DRIVER'S NAME OR WITNESS				
VEHICLE A:		ADDRESS:		HOME PHONE
		DRIVER'S LICENSE NUMBER		STATE
		M/F	DOB	VEHICLE IDENTIFICATION NUMBER:
VEHICLE YEAR	VEHICLE MAKE & MODEL	VEHICLE TYPE & COLOR		LICENSE PLATE NUMBER
REGISTERED OWNER NAME, ADDRESS, HOME PHONE AND WORK PHONE OF VEHICLE A: (Complete only if different than name in Box A above)				
INSURANCE COMPANY AND POLICY NUMBER			INDICATE AREA DAMAGED IN THIS CRASH ON VEHICLE A BY CIRCLING NUMBER MOST CLOSELY CORRESPONDING TO AREA OF DAMAGE. 	
BRIEF EXPLANATION OF HOW VEHICLE A WAS DAMAGED:				

DRIVER'S NAME OR WITNESS				
VEHICLE B:		ADDRESS:		HOME PHONE
		DRIVER'S LICENSE NUMBER		STATE
		M/F	DOB	VEHICLE IDENTIFICATION NUMBER:
VEHICLE YEAR	VEHICLE MAKE & MODEL	VEHICLE TYPE & COLOR		LICENSE PLATE NUMBER
REGISTERED OWNER NAME, ADDRESS, HOME PHONE AND WORK PHONE OF VEHICLE B: (Complete only if different than name in Box B above)				
INSURANCE COMPANY AND POLICY NUMBER			INDICATE AREA DAMAGED IN THIS CRASH ON VEHICLE B BY CIRCLING NUMBER MOST CLOSELY CORRESPONDING TO AREA OF DAMAGE. 	
BRIEF EXPLANATION OF HOW VEHICLE B WAS DAMAGED:				

PROPERTY DAMAGED OTHER THAN LISTED VEHICLES (TREES, SIGNS, BUILDINGS, ETC.)

OTHER WITNESSES NOT LISTED ABOVE

Police Use Only	INCIDENT NO.	TIME AND DATE RECEIVED	RECEIVING OFFICER	INVESTIGATED AT SCENE Y / N
	PRIVATE PROPERTY CRASH	OFFICER OR REVIEWER NOTES:		
	DISPOSITION			

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DRIVER'S NAME OR WITNESS				
VEHICLE A:		ADDRESS:		HOME PHONE
		DRIVER'S LICENSE NUMBER		STATE
		M/F	DOB	VEHICLE IDENTIFICATION NUMBER:
VEHICLE YEAR	VEHICLE MAKE & MODEL	VEHICLE TYPE & COLOR		LICENSE PLATE NUMBER
REGISTERED OWNER NAME, ADDRESS, HOME PHONE AND WORK PHONE OF VEHICLE A: (Complete only if different than name in Box A above)				
INSURANCE COMPANY AND POLICY NUMBER			INDICATE AREA DAMAGED IN THIS CRASH ON VEHICLE A BY CIRCLING NUMBER MOST CLOSELY CORRESPONDING TO AREA OF DAMAGE. <div style="text-align: center; margin-top: 10px;"> </div>	
BRIEF EXPLANATION OF HOW VEHICLE A WAS DAMAGED:				

DRIVER'S NAME OR WITNESS				
VEHICLE B:		ADDRESS:		HOME PHONE
		DRIVER'S LICENSE NUMBER		STATE
		M/F	DOB	VEHICLE IDENTIFICATION NUMBER:
VEHICLE YEAR	VEHICLE MAKE & MODEL	VEHICLE TYPE & COLOR		LICENSE PLATE NUMBER
REGISTERED OWNER NAME, ADDRESS, HOME PHONE AND WORK PHONE OF VEHICLE B: (Complete only if different than name in Box B above)				
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