



CITY OF ADRIAN POLICE DEPARTMENT
 155 E. MAUMEE STREET | ADRIAN, MICHIGAN 49221
 P: 517-264-4808 | F: 517-264-1927 | ADRIANCITY.COM

PRIVATE PROPERTY CRASH

Dear Citizen,

On the reverse side of this form, you will find the Private Property Crash Report. The form is intended to provide you with a speedy self reporting system of your Private Property Vehicle crash. Please follow the instructions and example below when completing this form.

***DO NOT USE THIS FORM IF THE CRASH INVOLVES ANY OF THE FOLLOWING:**

(Dial 9-1-1 to have a Police Officer dispatched to investigate 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.



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PRIVATE PROPERTY CRASH

INCIDENT NUMBER

Note: Knowingly providing false information on this form could result in the offending party being prosecuted for filing a false police report.

TYPE OR PRINT WITH BLACK INK

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------|
| LOCATION AND/OR ADDRESS OF CRASH: 155 E. Maumee Street | | | TIME AND DATE: 12:00pm | | |
| DRIVER'S NAME | M/F | D.O.B. | HOME ADDRESS, TX# & DRIVER'S LICENSE NUMBER | | |
| A DOE, JOHN A | M | 3-3-33 | ADDRESS 123 HAVEN DR | CITY ADDISON | STATE MI ZIP 49220 |
| Last Name, First Name, Middle Name | | | DRIVER'S LICENSE NUMBER D-123-456-789-000 | STATE MI | TX# HOME 111-5555 TX# WORK 444-5555 |
| (LOCATED ON YOUR REGISTRATION) | | | | | |
| VEHICLE A: VEHICLE IDENTIFICATION NUMBER: 1G367FGH89367J276 | | | | | |
| VEHICLE YEAR 2001 | VEHICLE MAKE & COLOR JEEP CHEROKEE/YELLOW | VEHICLE TYPE (2 DR., VAN, PICK-UP ETC.) JEEP/ 4DR. | LICENSE PLATE #/STATE ABC-123 / MI | | |
| REGISTERED OWNER'S NAME, ADDRESS & TX#: <small>(COMPLETE ONLY IF DIFFERENT THAN NAME IN BOX A ABOVE)</small> SAME AS DRIVER A | | | <small>*Indicate area of damage to vehicle by putting an "X" in the appropriate box most closely corresponding to the area of damage.</small> | | |
| INSURANCE COMPANY: (AGENT'S NAME, ADDRESS, TX# & POLICY #) GREAT LAKES INS. CO., KATHY SMITH, HILLSDALE MI 555-1343, #4321567B | | | | | |
| BRIEF EXPLANATION OF HOW VEHICLE A WAS DAMAGED: WHILE I WAS BACKING OUT OF MY PARKING SPACE, I STRUCK VEHICLE B THAT WAS DRIVING THROUGH THE LOT. | | | | | |
| DRIVER'S NAME B DOE, JANE R. | | | | | |
| M/F | D.O.B. | HOME ADDRESS, TX# & DRIVER'S LICENSE NUMBER | | | |
| F | 8-8-88 | ADDRESS 444 STATE ST | CITY JACKSON | STATE MI ZIP 49201 | |
| Last Name, First Name, Middle Name | | | DRIVER'S LICENSE NUMBER D-000-456-321-111 | STATE MI | TX# HOME 555-1111 TX# WORK 433-0000 |
| (LOCATED ON YOUR REGISTRATION) | | | | | |
| VEHICLE B: VEHICLE IDENTIFICATION NUMBER: | | | | | |
| VEHICLE YEAR 1968 | VEHICLE MAKE & COLOR PONTIAC/RED | VEHICLE TYPE (2 DR., VAN, PICK-UP ETC.) GTO/ 2 DR. | LICENSE PLATE #/STATE 123- DEF / MI | | |
| REGISTERED OWNER'S NAME, ADDRESS & TX#: <small>(COMPLETE ONLY IF DIFFERENT THAN NAME IN BOX A ABOVE)</small> SAME AS DRIVER B | | | <small>*Indicate area of damage to vehicle by putting an "X" in the appropriate box most closely corresponding to the area of damage.</small> | | |
| INSURANCE COMPANY: (AGENT'S NAME, ADDRESS, TX# & POLICY #) BEST INS. CO., JOHN JONES, HILLSDALE MI 444-1111, #1567894RK | | | | | |
| BRIEF EXPLANATION OF HOW VEHICLE B WAS DAMAGED: I WAS DRIVING THROUGH THE PARKING LOT WHEN VEH. A BACKED OUT AND STRUCK MY VEHICLE CAUSING DAMAGE TO IT | | | | | |
| WITNESSES TO CRASH (NAME, ADDRESS & PHONE NUMBER): | | | | | |
| OTHER PROPERTY DAMAGED OTHER THAN VEHICLES (TREES, SIGNS, BUILDINGS, ETC.): | | | | | |

INSTRUCTIONS FOR COMPLETION OF FORM

STEP ONE:

Complete all requested information on reverse side of this form. (Please see example at left).

STEP TWO:

Mail or bring the report form into the Adrian Police Department, so an incident number can be assigned to it.

MAILING ADDRESS:

Adrian Police Department
 155 E. Maumee Street
 Adrian, MI 49221

Please contact the Adrian Police Department at 517-264-4808 with questions.

Note to Insurance Companies: This crash was NOT investigated by a Law Enforcement Agency listed on this form. This form was completed by the persons listed in boxes A and B.



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TYPE OR PRINT WITH BLACK INK

LOCATION AND/OR ADDRESS OF CRASH:

TIME AND DATE:

| DRIVER'S NAME | M/F | D.O.B. | HOME ADDRESS, TX# & DRIVER'S LICENSE NUMBER | | | |
|----------------------------------------------------|-----|--------|---------------------------------------------|-------|----------|----------|
| A Last Name, First Name, Middle Name | | | ADDRESS | CITY | STATE | ZIP |
| | | | DRIVER'S LICENSE NUMBER | STATE | TX# HOME | TX# WORK |

(LOCATED ON YOUR REGISTRATION)

VEHICLE A: VEHICLE IDENTIFICATION NUMBER:

| VEHICLE YEAR | VEHICLE MAKE & COLOR | VEHICLE TYPE (2 DR., VAN, PICK-UP ETC.) | LICENSE PLATE #/STATE |
|-----------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REGISTERED OWNER'S NAME, ADDRESS & TX#: <small>(COMPLETE ONLY IF DIFFERENT THAN NAME IN BOX A ABOVE)</small> | | | <p>*Indicate area of damage to vehicle by putting an "x" in the appropriate box most closely corresponding to the area of damage.</p> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> |
| INSURANCE COMPANY: (AGENT'S NAME, ADDRESS, TX# & POLICY #) | | | |
| BRIEF EXPLANATION OF HOW VEHICLE A WAS DAMAGED: | | | |

| DRIVER'S NAME | M/F | D.O.B. | HOME ADDRESS, TX# & DRIVER'S LICENSE NUMBER | | | |
|----------------------------------------------------|-----|--------|---------------------------------------------|-------|----------|----------|
| B Last Name, First Name, Middle Name | | | ADDRESS | CITY | STATE | ZIP |
| | | | DRIVER'S LICENSE NUMBER | STATE | TX# HOME | TX# WORK |

(LOCATED ON YOUR REGISTRATION)

VEHICLE B: VEHICLE IDENTIFICATION NUMBER:

| VEHICLE YEAR | VEHICLE MAKE & COLOR | VEHICLE TYPE (2 DR., VAN, PICK-UP ETC.) | LICENSE PLATE #/STATE |
|-----------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REGISTERED OWNER'S NAME, ADDRESS & TX#: <small>(COMPLETE ONLY IF DIFFERENT THAN NAME IN BOX A ABOVE)</small> | | | <p>*Indicate area of damage to vehicle by putting an "x" in the appropriate box most closely corresponding to the area of damage.</p> <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> |
| INSURANCE COMPANY: (AGENT'S NAME, ADDRESS, TX# & POLICY #) | | | |
| BRIEF EXPLANATION OF HOW VEHICLE B WAS DAMAGED: | | | |

WITNESSES TO CRASH (NAME, ADDRESS & PHONE NUMBER):

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

Note to Insurance Companies: This crash was NOT investigated by a Law Enforcement Agency listed on this form. This form was completed by the persons listed in boxes A and B.