



GRAND HAVEN DEPARTMENT OF PUBLIC SAFETY

Private Property Crash Report

Case #

CRASH INFORMATION						
Date of Crash		Time of Crash		Day of the Week		
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	Snow Rain			Fog Wet Dry
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	
Vehicle (Year, Make, Type)		Plate Number		Vehicle Identification Number (VIN)		
Insurance Company				Insurance Policy Number		
Circle Area of Impact:		Amount of Damage?		Drivable Y N		
		1=Least 7=Worst 1 2 3 4 5 6 7		Towed By:		
		Additional Damage to:		Towed To:		
OTHER DRIVER INFORMATION						
Name (First, Middle, Last)			Address (Street, City, State, Zip)		Phone	
Drivers License Number		State	Date of Birth	Age	Sex	
Vehicle (Year, Make, Type)		Plate Number		Vehicle Identification Number (VIN)		
Insurance Company				Insurance Policy Number		
Circle Area of Impact:		Amount of Damage?		Drivable Y N		
		1=Least 7=Worst 1 2 3 4 5 6 7		Towed By:		
		Additional Damage to:		Towed To:		
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