

**PRIVATE PROPERTY CRASH  
JACKSON COUNTY SHERIFF'S DEPARTMENT / JACKSON 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.

Jackson County Sheriff's Department  
Jackson Police Department

**PRIVATE PROPERTY CRASH**

**JACKSON COUNTY SHERIFF'S DEPARTMENT / JACKSON POLICE DEPARTMENT**

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 (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 OR PRINT WITH BLACK INK

<small>LOCATION AND/OR ADDRESS OF CRASH:</small> 216 E. Washington (Parking lot of Jackson P. D.)	<small>TIME AND DATE:</small> 1:20 pm 5/6/96
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<small>DRIVER'S NAME, WITNESSES</small> A Doe, James	<small>MF</small> M	<small>AGE OR DOB</small> 5-6-58	<small>HOME ADDRESS &amp; DRIVER'S LICENSE NUMBER</small> 1772 Tree Lane D-200-300-400-400 MI	<small>TX HOME/BUSINESS</small> HOME PHONE: 555-3434 WORK PHONE: 555-6754
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<small>VEHICLE A: VEHICLE IDENTIFICATION NUMBER:</small>				
<small>VEHICLE YEAR</small> 1996	<small>VEHICLE MAKE &amp; COLOR</small> FORD / RED	<small>VEHICLE TYPE (2 dr., Van, Pick-up, etc.)</small> 2 DR FORD ESCORT	<small>LICENSE PLATE NUMBER</small> HZE-333	<small>LICENSE PLATE STATE</small> 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

<small>INSURANCE COMPANY AND POLICY NUMBER</small> AAA INSURANCE COMPANY	<small>INDICATE AREA DAMAGED IN THIS CRASH ON VEHICLE A BY CIRCLING NUMBER MOST CLOSELY CORRESPONDING TO AREA OF DAMAGE.</small>
<small>BRIEF EXPLANATION OF HOW VEHICLE A WAS DAMAGED:</small> while I was backing out of my parking space, I backed into the below listed car that was driving through the parking lot.	

<small>DRIVER'S NAME, WITNESSES</small> B Anderson, Julie	<small>MF</small> F	<small>AGE OR DOB</small> 4-1-60	<small>HOME ADDRESS &amp; DRIVER'S LICENSE NUMBER</small> 14502 Tire Dr. Detroit MI A-300-300-300-400 MI	<small>TX HOME/BUSINESS</small> HOME PHONE: 313-555-4112 WORK PHONE: 313-555-1277
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<small>VEHICLE B: VEHICLE IDENTIFICATION NUMBER:</small>				
<small>VEHICLE YEAR</small> 1990	<small>VEHICLE MAKE &amp; COLOR</small> Dodge / BLUE	<small>VEHICLE TYPE (2 dr., Van, Pick-up, etc.)</small> 4 DR. CAPRICE	<small>LICENSE PLATE NUMBER</small> 123-BLG	<small>LICENSE PLATE STATE</small> 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

<small>INSURANCE COMPANY AND POLICY NUMBER</small> Good Citizens Insurance Co.	<small>INDICATE AREA DAMAGED IN THIS CRASH ON VEHICLE B BY CIRCLING NUMBER MOST CLOSELY CORRESPONDING TO AREA OF DAMAGE.</small>
<small>BRIEF EXPLANATION OF HOW VEHICLE B WAS DAMAGED:</small> 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.

<small>INCIDENT NO.</small>	<small>RELATED INCIDENT NO.</small>	<small>TIME AND DATE RECEIVED</small>	<small>RECEIVING OFFICER</small>
<small>INCIDENT TYPE</small> PRIVATE PROPERTY CRASH	<small>DISTRICT</small>	<small>TOWNSHIP</small>	<small>VILLAGE</small>
	<small>CLASS</small>	<small>OFFICER OR REVIEWER NOTES</small>	
<small>REVIEWED TIME AND DATE</small>	<small>REVIEWER BADGE NO.</small>		
<small>DISPOSITION</small>			

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**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 but within Jackson County, mail or deliver the completed form to:

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

# PRIVATE PROPERTY CRASH

## JACKSON COUNTY SHERIFF'S DEPARTMENT / JACKSON POLICE DEPARTMENT

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 OR PRINT WITH BLACK INK**

LOCATION AND/OR ADDRESS OF CRASH:	TIME AND DATE:
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DRIVER'S NAME, WITNESSES	M/F	DOB	HOME ADDRESS	CITY	STATE	TX HOME/BUSINESS
<b>A</b> <small>Last Name, First Name</small>			ADDRESS:			HOME PHONE
			DRIVER'S LICENSE NUMBER			STATE

**VEHICLE A:**      VEHICLE IDENTIFICATION NUMBER:

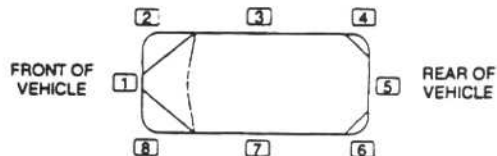
VEHICLE YEAR	VEHICLE MAKE & COLOR <small>(Ford / Blue; Chevy / Red, etc.)</small>	VEHICLE TYPE (2 dr., Van, Pick-up, etc.)	LICENSE PLATE NUMBER	LICENSE PLATE STATE
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REGISTERED OWNER NAME, ADDRESS, HOME PHONE AND WORK PHONE OF VEHICLE A: (Complete only if different than name in Box A above)

INSURANCE COMPANY AND POLICY NUMBER

BRIEF EXPLANATION OF HOW VEHICLE A WAS DAMAGED:

INDICATE AREA DAMAGED IN THIS CRASH ON VEHICLE A BY CIRCLING NUMBER MOST CLOSELY CORRESPONDING TO AREA OF DAMAGE.



DRIVER'S NAME, WITNESSES	M/F	DOB	HOME ADDRESS	CITY	STATE	TX HOME/BUSINESS
<b>B</b> <small>Last Name, First Name</small>			ADDRESS:			HOME PHONE
			DRIVER'S LICENSE NUMBER			STATE

**VEHICLE B:**      VEHICLE IDENTIFICATION NUMBER:

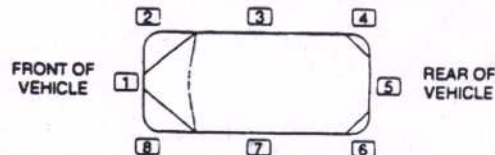
VEHICLE YEAR	VEHICLE MAKE & COLOR <small>(Ford / Blue; Chevy / Red, etc.)</small>	VEHICLE TYPE (2 dr., Van, Pick-up, etc.)	LICENSE PLATE NUMBER	LICENSE PLATE STATE
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REGISTERED OWNER NAME, ADDRESS, HOME PHONE AND WORK PHONE OF VEHICLE B: (Complete only if different than name in Box B above)

INSURANCE COMPANY AND POLICY NUMBER

BRIEF EXPLANATION OF HOW VEHICLE B WAS DAMAGED:

INDICATE AREA DAMAGED IN THIS CRASH ON VEHICLE B BY CIRCLING NUMBER MOST CLOSELY CORRESPONDING TO AREA OF DAMAGE.



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

<b>Police Use Only</b>	INCIDENT NO.	RELATED INCIDENT NO.		TIME AND DATE RECEIVED		RECEIVING OFFICER
	<b>PRIVATE PROPERTY CRASH</b>	DISTRICT	TOWNSHIP	VILLAGE	REVIEWED TIME AND DATE	REVIEWER BADGE NO.
		CLASS		OFFICER OR REVIEWER NOTES:		
	PAGE 1 of	DISPOSITION				

Note to Insurance Company: This crash was not investigated by the Jackson County Sheriff Department or the Jackson City Police Department. This form was completed by the persons listed in boxes A & B above.