

# Private Property Traffic Crash

Jackson County Office of the Sheriff / Jackson Police Department

## INSTRUCTIONS

Dear Citizen,

The attached form is intended to provide a speedy and self-reporting system for your Private Property Vehicle crash.

**DO NOT USE THIS FORM IF THE COLLISION INVOLVES ANY OF THE FOLLOWING:** Dial 911 to have a Deputy / Police Officer dispatched to investigate the crash if ANY apply.

1. The driver of either vehicle is under the influence of alcohol or drugs.
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.

**Filing a false report is a crime.**

### PRIVATE PROPERTY CRASH JACKSON COUNTY OFFICE OF THE SHERIFF/ 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: 216 E. Washington (Parking Lot of Jackson P.D.)		TIME AND DATE: 1:00 PM 5/6/2016	
DRIVER'S NAME, WITNESSES A Doe, James	MF M	DOB 5/6/68	HOME ADDRESS 1772 Tree Lane
			CITY MI
			STATE MI
			TX HOME/BUSINESS 517-555-3434
			WORK PHONE 517-555-6754
VEHICLE A: VEHICLE IDENTIFICATION NUMBER: 1G34CXZ98W563167			
VEHICLE YEAR 2014	VEHICLE MAKE & COLOR Ford / Red	VEHICLE TYPE (2 dr., Van, Pick-up, etc.) 2Dr. Ford Focus	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 1P3456751		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	DOB 4/1/60	HOME ADDRESS 14502 Tire Dr. Detroit, MI
			CITY MI
			STATE MI
			TX HOME/BUSINESS 313-555-4112
			WORK PHONE 248-555-1277
VEHICLE B: VEHICLE IDENTIFICATION NUMBER: 1G45XZ98W43Y135789			
VEHICLE YEAR 2000	VEHICLE MAKE & COLOR Chevy Blue	VEHICLE TYPE (2 dr., Van, Pick-up, etc.) 4dr. Cruze	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) Frank Anderson 14502 Tire Dr. Detroit, MI 48116 517-555-4112			
INSURANCE COMPANY AND POLICY NUMBER Citizens Insurance 1C345678		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: I was driving through the parking lot, Mr. Doe backed his car into my passenger side door.			

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	REVIEWER BADGE NO.	
		CLASS	OFFICER OR REVIEWER NOTES:	
	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.

### INSTRUCTIONS FOR COMPLETION

#### Step One

Complete all requested information on the attached for 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 a 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 report to:

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

Outside the city limits, mail or deliver to:

**Jackson County Office of the Sheriff**  
212 W. Wesley St.  
Jackson, MI. 49201  
517-768-7925

Email to: [sheriffrecords@co.jackson.mi.us](mailto:sheriffrecords@co.jackson.mi.us)

# Private Property Crash

## Jackson County Office of the Sheriff / 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 vehicle registration. It can also be found 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		
DRIVER'S NAME, WITNESS			M/F	DOB	HOME ADDRESS	CITY	STATE	HOME PHONE	
					DRIVER'S LICENSE NUMBER		STATE	WORK PHONE	
<b>VEHICLE A:</b>		VEHICLE IDENTIFICATION NUMBER:							
VEHICLE YEAR	VEHICLE MAKE & COLOR(FORD/BLUE)		VEHICLE TYPE (2 DOOR, VAN, PICK-UP ETC..)			License Plate Number	License Plate State		
REGISTERED OWNER NAME, ADDRESS, PHONE NUMBER (Complete only if different than the name in Box A above)									
INSURANCE COMPANY AND POLICY NUMBER					INDICATE AREA DAMAGED IN THIS CRASH ON THE VEHICLE BY CIRCLING NUMBER MOST CLOSELY CORRESPONDING TO THE AREA OF DAMAGE.				
BRIEF EXPLANATION OF HOW VEHICLE WAS DAMAGED:					<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Front of vehicle</div> </div>				
DRIVER'S NAME, WITNESS			M/F	DOB	HOME ADDRESS	CITY	STATE	HOME PHONE	
					DRIVER'S LICENSE NUMBER		STATE	WORK PHONE	
<b>VEHICLE B:</b>		VEHICLE IDENTIFICATION NUMBER:							
VEHICLE YEAR	VEHICLE MAKE & COLOR(FORD/BLUE)		VEHICLE TYPE (2 DOOR, VAN, PICK-UP ETC..)			License Plate Number	License Plate State		
REGISTERED OWNER NAME, ADDRESS, PHONE NUMBER (Complete only if different than the name in Box B above)									
INSURANCE COMPANY AND POLICY NUMBER					INDICATE AREA DAMAGED IN THIS CRASH ON THE VEHICLE BY CIRCLING NUMBER MOST CLOSELY CORRESPONDING TO THE AREA OF DAMAGE.				
BRIEF EXPLANATION OF HOW VEHICLE WAS DAMAGED:					<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Front of vehicle</div> </div>				
OTHER PROPERTY DAMAGED OTHER THAN VEHICLES (I.E. TREES, SIGNS, BUILDINGS, ETC..)									
Police use only	INCIDENT NUMBER			DATE AND TIME RECEIVED			RECEIVING OFFICER / CLERK		
	DISTRICT			TOWNSHIP			REVIEWER NAME AND ID NUMBER		
	PAGE 1 OF	CLASS		DISPOSITION		NOTES:			

**NOTE TO INSURANCE COMPANY:** *This crash was not investigated by the Jackson County Office of the Sheriff or the Jackson police department. This form was completed by the persons listed in boxes A & B above.*