

GAYLORD POLICE DEPARTMENT ♦ 305 E. Main Street, Gaylord, MI ♦ 989-732-1777 ♦ 989-732-1777
TRAFFIC ACCIDENT REPORT - PRIVATE PROPERTY/PROPERTY DAMAGE ONLY

Department Complaint No.:	File Class No.:
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Person Reporting Accident:

Accident Location:	Date of Accident:
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DRIVER NO. 1 NAME:	(First)	(Middle)	(Last)
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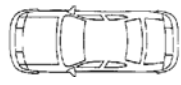
Driver's License No.:	State:	Date of Birth:
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Street Address:

City, State, Zip Code:	Telephone No.:
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Your Vehicle Make:	Your Vehicle Model:
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License Plate No.:	Vehicle Identification No. (VIN):
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Was your car parked? Yes No	Your Insurance Company:	Driver No. 1 Vehicle <i>Indicate Damage.</i>  ← Front
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Was your car occupied? Yes No	Insurance Company Address:
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Were you driving your car? Yes No	Insurance Policy No.:
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DRIVER NO. 2 NAME:	(First)	(Middle)	(Last)
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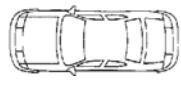
Driver's License No.:	State:	Date of Birth:
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Street Address:

City, State, Zip Code:	Telephone No.:
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Your Vehicle Make:	Your Vehicle Model:
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License Plate No.:	Vehicle Identification No. (VIN):
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Was your car parked? Yes No	Your Insurance Company:	Driver No. 2 Vehicle <i>Indicate Damage.</i>  ← Front
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Was your car occupied? Yes No	Insurance Company Address:
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Were you driving your car? Yes No	Insurance Policy No.:
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Diagram:	Brief explanation of accident. Use the back of this sheet if additional space is required.
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I declare that the information contained herein is true and factual. I understand that filing a false police report may subject me to criminal action.

Signed: _____	Date: _____
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Signed: _____	Date: _____
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◆ DO NOT WRITE BELOW THIS LINE ◆

Remarks:	Police Action? Yes No
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Officer's Name:	Date Reported:	Time:
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