

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:
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Accident Location:	Date of Accident:
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<b>DRIVER NO. 1 NAME:</b>	(First)	(Middle)	(Last)
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Driver's License No.:	State:	Date of Birth:
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Street Address:
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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>  
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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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← Front		
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<b>DRIVER NO. 2 NAME:</b>	(First)	(Middle)	(Last)
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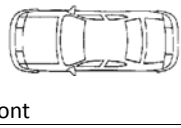
Driver's License No.:	State:	Date of Birth:
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Street Address:
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City, State, Zip Code:	Telephone No.:
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Your Vehicle Make:	Your Vehicle Model:
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License 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>  
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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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← Front		
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Diagram:	<i>Brief explanation of accident. Use the back of this sheet if additional space is required.</i>  <div style="border: 1px solid black; height: 100px;"></div>
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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: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**◆ 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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