

GAYLORD POLICE DEPARTMENT ♦ 305 E. Main Street, Gaylord, MI ♦ Phone: 989-732-1777 ♦ Fax: 989-732-1779  
**PRIVATE PROPERTY/PROPERTY DAMAGE EXCHANGE OF INFORMATION**

Department CFS No.:

Person Reporting Accident:

Accident Location:

Date of Accident:

**DRIVER NO. 1 NAME:**

(First)

(Middle)

(Last)

Driver's License No.:

State:

Date of Birth:

Street Address:

City, State, Zip Code:

Telephone No.:

Your Vehicle Make:

Your Vehicle Model:

License Plate No.:

Vehicle Identification No. (VIN):

Was the vehicle parked? Yes No

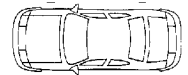
Your Insurance Company:

Driver No. 1 Vehicle  
Indicate Damage.

Was the vehicle occupied? Yes No

Were you driving the vehicle? Yes No

Insurance Policy No.:



← Front

**DRIVER NO. 2 NAME:**

(First)

(Middle)

(Last)

Driver's License No.:

State:

Date of Birth:

Street Address:

City, State, Zip Code:

Telephone No.:

Your Vehicle Make:

Your Vehicle Model:

License Plate No.:

Vehicle Identification No. (VIN):

Was the vehicle parked? Yes No

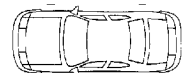
Your Insurance Company:

Driver No. 2 Vehicle  
Indicate Damage.

Was the vehicle occupied? Yes No

Were you driving the vehicle? Yes No

Insurance Policy No.:



← Front

*Brief explanation of accident. Use the back of this sheet if additional space is required.*

*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 ♦

Officer's Name:

Police Action? Yes No

Date Reported:

Time:

