



OTSEGO COUNTY SHERIFF'S DEPARTMENT

124 S. Court Avenue, Gaylord, MI 49735
989-732-3555

Matthew J. Nowicki
SHERIFF

Matthew D. Muladore
UNDERSHERIFF

Capt. Brian Webber
JAIL ADMINISTRATOR

TRAFFIC ACCIDENT REPORT - PRIVATE PROPERTY/PROPERTY DAMAGE ONLY

Department Complaint Number: File Class Number:
Person Reporting Accident:
Accident Location: Date of Accident:
Driver #1 Name: (First) (Middle) (Last)
Date of Birth: Driver #1 Vehicle Indicate Damage:
Street Address:
City, State, Zip Code:
Telephone Number:
Driver's License Number: State:
Your Vehicle Make:
License Plate Number:
Vehicle Identification Number (VIN):
Vehicle Model:
Was your car parked? YES NO Your Insurance Company:
Was your car occupied? YES NO Insurance Company Address:
Were you driving your car? YES NO Insurance Policy Number:
Driver #2 Name: (First) (Middle) (Last)
Date of Birth: Driver #2 Vehicle Indicate Damage:
Street Address:
City, State, Zip Code:
Telephone Number:
Driver's License Number: State:
Your Vehicle Make:
License Plate Number:
Vehicle Identification Number (VIN):
Vehicle Model:
Was your car parked? YES NO Your Insurance Company:
Was your car occupied? YES NO Insurance Company Address:
Were you driving your car? YES NO Insurance Policy Number:
Diagram: 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: Dated:
Signed: Dated:
DO NOT WRITE BELOW THIS LINE
Remarks: Police Action? YES NO
Deputy's Name: Date Reported: Time: