

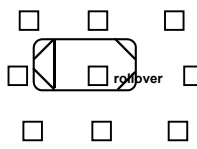
**LAW ENFORCEMENT SERVICES**  
**Private Property / Hit & Run Report**  
**Grand Traverse Sheriff Department**

Date & Time Reported	File Class <b>93002</b>	Officers Badge #	Venue	Complaint # <b>128-</b>
Location Occurred			Date & Time Occurred <b>hrs.</b>	

**Driver (1)**

Names: First	Middle	Last	Drivers License #			
Address: Street	City	State	Zip Code	DOB	Sex <b>U</b>	Telephone # H:( ) - W:( ) -

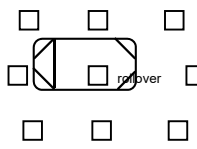
**Vehicle (1)**

Year	Make	Model	Color	License #	State	Mark the Location of Damage 
Insurance Company			VIN			
Vehicle Owner Name		Address: Street	City	State	Zip Code	DOB

**Driver (2)**

Names: First	Middle	Last	Drivers License #			
Address: Street	City	State	Zip Code	DOB	Sex <b>U</b>	Telephone # H:( ) - W:( ) -

**Vehicle (2)**

Year	Make	Model	Color	License #	State	Mark the Location of Damage 
Insurance Company			VIN			
Vehicle Owner Name		Address: Street	City	State	Zip Code	DOB

**Witness**

Names: First	Middle	Last	Drivers License #			
Address: Street	City	State	Zip Code	DOB	Sex <b>U</b>	Telephone # H:( ) - W:( ) -

Additional witnesses listed on back

Brief Explanation of Accident:
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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: \_\_\_\_\_