

**Spring Arbor Township Police Department  
Private Property Accident Report Instructions**

The attached form is intended to provide a speedy self reporting system of your Private Property Vehicle crash in Spring Arbor Township. Please follow the instructions below when completing the form.

**DO NOT USE THIS FORM IF THE COLLISION INVOLVES ANY OF THE FOLLOWING.** Dial 9-1-1 to have a Police Officer dispatched to investigate crash if ANY apply.

1. The driver of either vehicle is under the influence of drugs or alcohol.
2. The collision involves reckless driving.
3. Personal injuries occurred.
4. The collision occurred on a public street.
5. The license plate number of a hit and run vehicle was obtained by a witness.

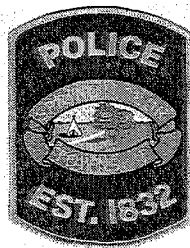
To complete the form:

**STEP ONE:** Complete all known information indicated on the attached form.

**STEP TWO:** Make necessary copies for your records. You may need a copy for your insurance company.

**STEP THREE:** Mail or bring the original completed copy of the form to:

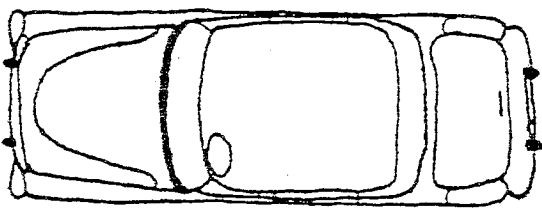
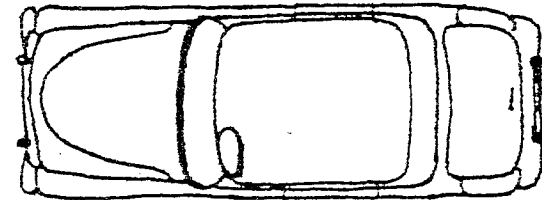
Spring Arbor Township Police Department  
107 Teft Road / P.O. Box 250  
Spring Arbor, MI 49283



If the crash occurred within the Jackson City limits, please contact: Jackson City Police Department, 216 E. Washington Street, Jackson, MI, 49201, telephone 517-788-4100.

If the crash occurred outside the Jackson City limits but within Jackson County, please contact: Jackson County Sheriff's Department, 212 W. Wesley Street, Jackson, MI, 49201, telephone 517-788-4200.

SPRING ARBOR TOWNSHIP POLICE DEPARTMENT  
Private Property Accident Report

Complaint #:		Date:		Time:		Venue:		
Location Address:								
Vehicle #1: (Name)				Vehicle #2: (Name)				
Address:				Address:				
Phone:				Phone:				
Witness:				Address / Phone #:				
Witness:				Address / Phone #:				
Witness:				Address / Phone #:				
<b>VEHICLE INFORMATION</b>								
Vehicle #1: Make		Model		Year		Vehicle #2: Make		
						Model:		
						Year:		
VIN:			License Plate:			VIN:		
						License Plate:		
Color:			Insurance:			Color:		
						Insurance:		
(Circle area of damage to vehicle)				Remarks:				
Vehicle #1								
								
Vehicle #2								
								
Property Damage:				Property owner/Phone:				
Officer/Badge #:						Reviewed by:		