

**CAMPTON HILLS POLICE DEPARTMENT**  
**Private Property Crash Information Form**  
**40W270 Lafox Road**  
**Campton Hills, Illinois 60175**  
**Telephone: (630) 584-0330 (non-emergency line)**

Information exchange is required by law for all traffic crashes. The purpose of this information is to provide the parties involved in a motor vehicle crash a convenient means to exchange pertinent information.

- Please complete this form with information about the **OTHER DRIVER** and the **OTHER** vehicle involved in the crash.
- You should make sure that the other involved driver(s) complete a form for your information. This self-reporting form is a service provided to persons involved in non-injury private property crashes.
- This form is for you to retain, and it will **NOT** be kept on file at the Campton Hills Police Department.
- This form is to aid you in documenting the **OTHER** driver's information. Do not write your information on this form.
- To ensure legibility, it is recommended that each driver uses a form to print the other driver's information.
- You may use the notes section of this form to explain the events of the collision.
- You may use the back of this form if you wish to draw a diagram of the crash, or to indicate further information for your own records.

It is your responsibility to provide your insurance company with the information that you receive.

<b>PRIVATE PROPERTY CRASH INFORMATION FORM</b>						
LOCATION OF CRASH		DATE OF CRASH		TIME <span style="float: right;">A.M. / P.M.</span>		
O T H E R D R I V E R	DRIVER'S FULL NAME		ADDRESS (COMPLETE)			
			CITY, STATE & ZIP CODE			
	DRIVER'S LICENSE NO.		TYPE OF LICENSE (CIRCLE ONE OF THE FOLLOWING)		STATE	
			<input type="checkbox"/> DRIVER <input type="checkbox"/> COMMERICAL <input type="checkbox"/> PERMIT			
OTHER DRIVER'S TELEPHONE NUMBER		OTHER DRIVER'S WORK TELEPHONE NUMBER:				
HOME:						
O T H E R V E H I C L E	VEHICLE MAKE	VEHICLE YEAR	MODEL	VEHICLE LICENSE NO. & STATE	VEHICLE STYLE & COLOR	
	OWNER'S FULL NAME		ADDRESS (COMPLETE)			
			CITY, STATE & ZIP CODE			
	OWNER'S TELEPHONE NUMBER		INSURANCE POLICY NUMBER		POLICY PERIOD	
	HOME:                      WORK:		INSURANCE CO PHONE NUMBER			
LIABILITY INSURANCE COMPANY ( <b>NOT AGENT</b> )						
Notes:						
_____						
_____						
_____						
_____						