

OTTAWA

Police Department

136 N. Oak Street * Ottawa, Ohio 45875

Phone - 419.523.3449 Fax - 419.523.5068

Private Property Crash Report "AC"
Accident Report Waiver "AF"
Exchange of Names, Accident
Property Damage Liability Waiver

Accident Report Number

Report Prepared By

Checked By

Date: _____ Time: _____	Date: _____ Time: _____
Driver #1	Driver #2
Address:	Address:
Phone #:	Phone #:
Vehicle Year _____ Make _____	Vehicle Year _____ Make _____
Reg: _____ Year _____	Reg: _____ Year _____
O.L. _____	O.L. _____
Address:	Address:
Comments:	Comments:
Insurance Co.	Insurance Co.

ACCIDENT REPORT WAIVER

I do not wish to have an accident report filed, with reference to the above mentioned crash:

I do not wish to have an accident report filed, with reference to the above mentioned crash:

Signed: _____

Signed: _____

RELEASE OF LIABILITY

The undersigned, _____ of _____
City of _____ County of _____ State of _____

In consideration of an officer or agent of the Village of Ottawa, Ohio, unlocking my motor vehicle/opening my property at _____ from which I have locked myself out of do hereby voluntarily and knowingly execute this release for the express intention of releasing the Village of Ottawa, its officers and agents from any and all claims as herein designated.

The undersigned with the intention of binding himself, his heirs, executors, administrators and assigns, does hereby expressly release and discharge the Village of Ottawa, Ohio, its respective successors and assigns, and heirs, executors, administrators, and assigns from all risk for claimsheretofore or hereafter arising, known or unknown, arising from the unlocking of my vehicle/opening my property at my request as aforementioned.

I, the undersigned, have read this release and understand all its terms. I execut it voluntarily and with full knowledge of its significance.

Signed: _____ Date: _____