

PLEASE RETURN AT  
YOUR EARLIEST  
CONVENIENCE

**SCOTT A. KOERNER**  
**SHIAWASSEE COUNTY PROSECUTING ATTORNEY**  
201 North Shiawassee Street • Surbeck Building, 2nd Floor  
Corunna, Michigan 48817  
Victim's Rights: 989.743.2468 Fax: 989.743.2237  
Main Line: 989.743.2373  
Email: [bhaber@shiawassee.net](mailto:bhaber@shiawassee.net)  
Website: [www.shiawassee.net/prosecuting-attorney/](http://www.shiawassee.net/prosecuting-attorney/)

**BUSINESS CRIME VICTIM IMPACT STATEMENT**

Defendant/Juvenile

Case No.

Business Name and Representative

Charges

**PROPERTY DAMAGE: Complete if there was damage to property**

- No Property Loss**       **All Property Recovered\***       **Partially recovered/damaged\***

**PROPERTY LOSS:** List property destroyed, damaged, or stolen from this incident and the value you are claiming as restitution. (Attach a list on additional pages, if needed.) Attach a copy of any bill, receipt, or estimate for repair or replacement. Photos are very helpful to show before and after condition of the property! \*Get comparable values from eBay, pawn shops, and store receipts to help substantiate your claimed valuation. Do not include cash or other financial losses here.

**OTHER FINANCIAL LOSS: Complete if there was damage to property**

- No Other Financial Loss**       **Additional Financial Loss**

**FINANCIAL LOSS:** List any cash, accounts, or other financial losses (e.g., lost sales) your business suffered as a result of this crime. Include the value of the losses and attach supporting documentation for valuation of non-cash losses (that is, losses that are not easily valued as cash losses would be).

**INSURANCE**

**BUSINESS INSURANCE COMPANY\***

(Agent, address, phone #)

**BUSINESS AUTO INSURANCE COMPANY\***

(Agent, address, phone #)

Business Insurance Claim total:

Business Auto Claim total:

Business Insurance deductible:

Business Auto deductible:

\*We ask this information to get the insurance company reimbursed. They are entitled to restitution under the Crime Victims Rights Act. \*Attach or send in copies of all bills as they come in. \*Contact the Victims Rights Coordinator to get a property return form. Property may be retained as part of the evidence in the case until the case is completed and all appeals periods have expired.

**Grand Total Due to Business:**

(out-of-pocket loss, co-pay & deductibles)

**Grand Total Paid by Business Insurance:**

**Grand Total Paid by Business Auto Insurance:**

**BUSINESS IMPACT STATEMENT: Describe the impact of this crime.**

Please know your comments are very important to us. Under Michigan law, the business has the right to indicate what sentence it would like the defendant to receive: incarceration, probation, counseling, community service, etc. The business also has the right to reasonable protection from the accused through the criminal justice process. Our goal is to gather information about the crime from your organization to assure safety as best we can. Note: We may be required to give a copy of this form to the defense attorney, and the defendant may have an opportunity to view it.

**SAFETY CONCERNS:**

*Describe any safety concerns your business might have as a result of this crime.*

**Changes to Contact Information (if any):**

Name

Address

City

State, ZIP

Primary Number

Secondary Number

Email address

**The statements I have made on this form are true to the best of my knowledge.**

\_\_\_\_\_  
Signature

Date

Signer's Relationship to Business

- Do you want to know what happens to your case?     Yes     No
- Do you wish to receive notice of any scheduled court hearings?     Yes     No
- Do you wish to receive information on the final disposition of this case?     Yes     No
- Do you wish to have an opportunity to speak at the sentencing?     Yes     No