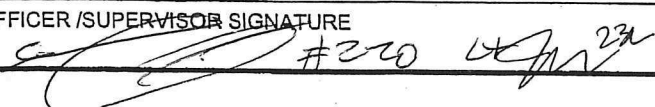
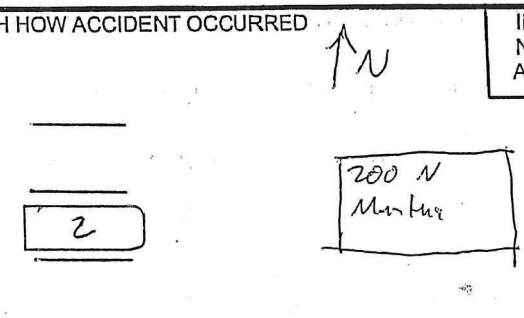


CR NUMBER 26-492	ACCIDENT DATE 01/12/26	ACCIDENT TIME 0730-1600	DAY OF WEEK Mon	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 200 N Mantua St Parking lot			WEATHER N/A	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
<p>Unit 2 - was parked in the parking lot at 200 N Mantua St between 0730 hrs and 1600 hrs. The drivers side driver & passenger doors were scratched. Unknown who or what caused the damage. No cameras on scene.</p>				
OFFICER /SUPERVISOR SIGNATURE  #220		SKETCH HOW ACCIDENT OCCURRED 		INDICATE NORTH BY ARROW 