
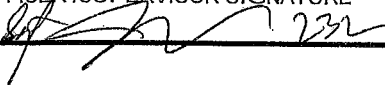


CR NUMBER 23-5579	ACCIDENT DATE 4/10/23 - 4/11/23	ACCIDENT TIME 2300 - 1530	DAY OF WEEK Mon-Tues	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK WIK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 5694 Rhodes Rd Building 2			WEATHER No Adverse	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB UNOCCUPIED			DRIVER LAST FIRST MIDDLE DOB UNKNOWN	
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 Schull, Jeffrey			VEHICLE OWNER'S NAME LAST FIRST MIDDLE UNKNOWN	
ADDRESS 12 Fritz Rd.			ADDRESS	
CITY, STATE ZIP PHONE NUMBER Killingworth, CT 06419			CITY, STATE, ZIP PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR 2013 NISS Altima Blk			VEHICLE YEAR MAKE MODEL COLOR	
LICENSE PLATE NUMBER STATE 303TMS CT			LICENSE PLATE NUMBER STATE	
INSURANCE COMPANY New London County Mutual Ins.			INSURANCE COMPANY	
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 			PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	
DESCRIBE HOW ACCIDENT OCCURRED				
Unit 1 was parked between Building two and three.				
Unit 1 was struck by an unknown vehicle between 4/10/23 2300 and 4/11/23 1530.				
OFFICER /SUPERVISOR SIGNATURE 			SKETCH HOW ACCIDENT OCCURRED Building 2	
			