

CR NUMBER 25-17669	ACCIDENT DATE 12/19/25	ACCIDENT TIME 1120	DAY OF WEEK Fri	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 196 N Prospect St	WEATHER Snow
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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	<i>EAN HOLDINGS LLC</i>			
ADDRESS	ADDRESS 1400Z E 21st Ste 1500				
CITY, STATE ZIP	PHONE NUMBER	CITY, STATE, ZIP	PHONE NUMBER Tulsa OK 74134		
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR	<i>2023 Toyota Corolla Gray</i>			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE	<i>BRZ6MQ FL</i>			
INSURANCE COMPANY	INSURANCE COMPANY Cengage				
PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED	PARTS OF <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED				

DESCRIBE HOW ACCIDENT OCCURRED  
*Unit 2 was hit by an unknown vehicle in the front bumper passenger side. The bumper was popped off but I did not observe any cosmetic damage. The bumper clipped back on. Nothing appeared to be actually damaged or broken.*

	SKETCH HOW ACCIDENT OCCURRED <i>↑ N NTS</i> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <i>196 N Prospect St</i> </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; text-align: center;"> <i>2</i> </div>	INDICATE NORTH BY ARROW
OFFICER / SUPERVISOR SIGNATURE <i>SO #700</i> <i>Wm</i>		