

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
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 196 N Prospect St				WEATHER Snow

VEHICLE NO. 1 <hr/> DRIVER LAST FIRST MIDDLE DOB <hr/> ADDRESS <hr/> CITY, STATE, ZIP PHONE NUMBER <hr/> DRIVER'S LICENSE NUMBER STATE <hr/> VEHICLE OWNER'S NAME LAST FIRST MIDDLE <hr/> ADDRESS <hr/> CITY, STATE ZIP PHONE NUMBER <hr/> VEHICLE YEAR MAKE MODEL COLOR <hr/> LICENSE PLATE NUMBER STATE <hr/> INSURANCE COMPANY <hr/> PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED	VEHICLE NO. 2 (OR PROPERTY DAMAGED) <hr/> DRIVER LAST FIRST MIDDLE DOB <hr/> ADDRESS <hr/> CITY, STATE, ZIP PHONE NUMBER <hr/> DRIVER'S LICENSE NUMBER STATE <hr/> VEHICLE OWNER'S NAME LAST FIRST MIDDLE <hr/> ADDRESS <hr/> CITY, STATE, ZIP PHONE NUMBER <hr/> VEHICLE YEAR MAKE MODEL COLOR <hr/> LICENSE PLATE NUMBER STATE <hr/> INSURANCE COMPANY <hr/> PARTS OF <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED
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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.

OFFICER/SUPERVISOR SIGNATURE

SKETCH HOW ACCIDENT OCCURRED

INDICATE NORTH BY ARROW