

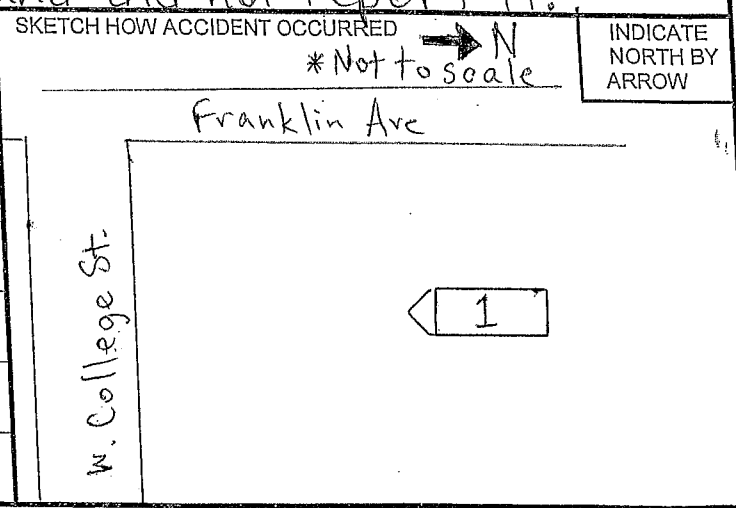
CR NUMBER 23-10245	ACCIDENT DATE 7/1/23-7/2/23	ACCIDENT TIME 1400-0139	DAY OF WEEK Sat-Sun	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) WEATHER
 Parking Lot @ corner of Franklin/W College cloudy/rain/noadverse

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 checked="" type="checkbox"/> FRONT	<input type="checkbox"/> REAR	<input checked="" type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT

DESCRIBE HOW ACCIDENT OCCURRED

Unit # 2 was parked in the parking lot on the corner of W. College St. and Franklin Ave. Unit 1 struck Unit 2 in the front left corner. Unit 1 left the scene after the accident and did not report it.



[Signature] #233
 OFFICER / SUPERVISOR SIGNATURE
 Lt. *[Signature]* # 228