

CR NUMBER <u>26-1486</u>	ACCIDENT DATE <u>1/31/26</u>	ACCIDENT TIME <u>unknown</u>	DAY OF WEEK <u>Saturday</u>	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <u>1503 Whitehall Blvd</u>				WEATHER <u>Clear</u>
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB <u>Unknown</u>			DRIVER LAST FIRST MIDDLE DOB <u>Unoccupied</u>	
ADDRESS			ADDRESS	
CITY, STATE, ZIP			CITY, STATE, ZIP	
PHONE NUMBER			PHONE NUMBER	
DRIVER'S LICENSE NUMBER			DRIVER'S LICENSE NUMBER	
STATE			STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE			VEHICLE OWNER'S NAME LAST FIRST MIDDLE	
ADDRESS			ADDRESS	
CITY, STATE ZIP			CITY, STATE, ZIP	
PHONE NUMBER			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 checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT	
DESCRIBE HOW ACCIDENT OCCURRED				
<p><u>Unit 2 was parked in a parking spot in front of 1503 Whitehall Blvd and struck by an unknown vehicle over night. There were no video cameras that would have captured the crash.</u></p>				
OFFICER / SUPERVISOR SIGNATURE 			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW N Not to Scale	