

CR NUMBER 26-2347	ACCIDENT DATE 11/30/26	ACCIDENT TIME 2300-0400	DAY OF WEEK THURSDAY	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1800 RHODES RD. PARKING LOT			WEATHER SNOW	
VEHICLE NO. 1 PARKED		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB MR FOSDICK MANUEL J 11/18/2006	DRIVER LAST FIRST MIDDLE DOB HIT SKIP.			
ADDRESS 4271 A BATTLE RIDGE RD	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER McDONALD, PA 15057	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE PA	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE FOSDICK, MANUEL J.	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS SAME	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 2015 MAZDA 3 GRAY	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE MCP 7728 PA	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY PROGRESSIVE	INSURANCE COMPANY			
PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED Bumper	PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED			
DESCRIBE HOW ACCIDENT OCCURRED M. FOSDICK PARKED HIS VEHICLE AT 1800 RHODES RD. WHEN HE RETURNED HE NOTICED DAMAGE TO HIS VEHICLE HE CONTACTED COLLEGE TOWERS AND WAS TOLD SOMEONE REPORTED A GRAY VEHICLE WITH PLATE #KIX-2111 STRUCK HIS CAR. TO REMOVE PLATE AND IT WAS NOT IN ADDITION THERE ARE NO CAMERAS AND THE WITNESS DID NOT LEAVE A NAME I/O PHOTOGRAPHED THE DAMAGE.				
OFFICER /SUPERVISOR SIGNATURE SOJ # 221 [Signature]		SKETCH HOW ACCIDENT OCCURRED 		