

CR NUMBER 24-19071	ACCIDENT DATE 12/27/24	ACCIDENT TIME 1100-1630	DAY OF WEEK Fr	<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) 313 N Water St	WEATHER N/A
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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		
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 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 of 313 N Water St from 1100-1630 hrs. During that time another unknown vehicle / subject hit Unit 2.

OFFICER / SUPERVISOR SIGNATURE 	SKETCH HOW ACCIDENT OCCURRED <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> ← N NTS </div> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 313 N Water St </div> <div style="margin-left: 20px;"> <hr/><hr/><hr/><hr/><hr/> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;"> 2 </div> </div> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> INDICATE NORTH BY ARROW </div>
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