

CR NUMBER <b>25-2446</b>	ACCIDENT DATE <b>2-22-25</b>	ACCIDENT TIME <b>1646</b>	DAY OF WEEK <b>Saturday</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>201 E. Erie St.</b>			WEATHER <b>No Adverse</b>	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB <b>Temple, Alivia G 1-16-04</b>		DRIVER LAST FIRST MIDDLE DOB <b>PARTA Parking Deck</b>		
ADDRESS <b>2029 Hamilton Rd.</b>		ADDRESS <b>201 E. Erie St.</b>		
CITY, STATE, ZIP PHONE NUMBER <b>Fairview PA 16415</b>		CITY, STATE, ZIP PHONE NUMBER <b>Kent OH 44240</b>		
DRIVER'S LICENSE NUMBER STATE <b>PA</b>		DRIVER'S LICENSE NUMBER STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Temple, Lawrence L.</b>		VEHICLE OWNER'S NAME LAST FIRST MIDDLE		
ADDRESS <b>2029 Hamilton Rd.</b>		ADDRESS		
CITY, STATE ZIP PHONE NUMBER <b>Fairview PA 16415</b>		CITY, STATE, ZIP PHONE NUMBER		
VEHICLE YEAR MAKE MODEL COLOR <b>2018 Honda CRV Gray</b>		VEHICLE YEAR MAKE MODEL COLOR		
LICENSE PLATE NUMBER STATE <b>MNR1329 PA</b>		LICENSE PLATE NUMBER STATE		
INSURANCE COMPANY <b>Acuity Pol # VJ4703</b>		INSURANCE COMPANY		
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT <b>Bumper, Hood</b>		PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT		
DESCRIBE HOW ACCIDENT OCCURRED <b>Vehicle #1 was driving West on the parking deck ramp towards S. Depeyster St. and sideswiped the garage wall.</b>				
OFFICER/SUPERVISOR SIGNATURE <b>J. Cole #2116</b>		SKETCH HOW ACCIDENT OCCURRED 		