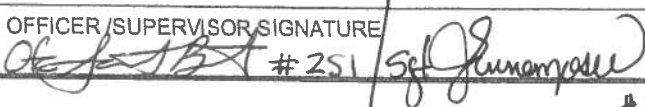


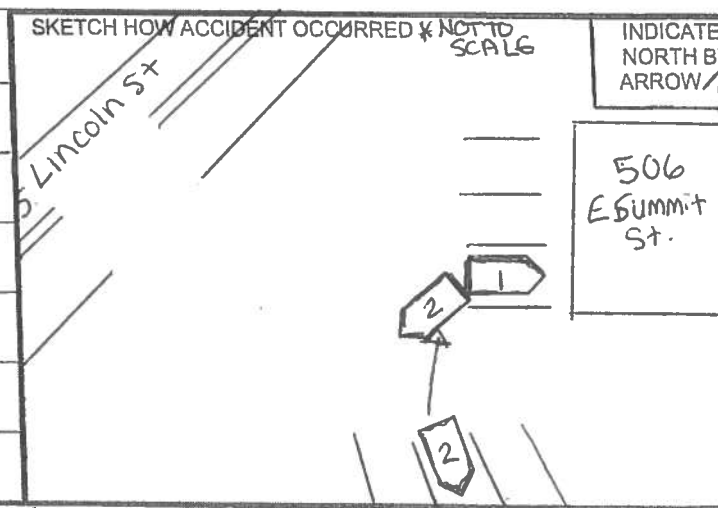
| | | | | |
|---|---------------------------------|------------------------------|---------------------------------|--|
| CR NUMBER 16-5932 | ACCIDENT DATE 3/13/16 | ACCIDENT TIME 1235 | DAY OF WEEK SUN | <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 506 E. Summit St Parking Lot | | | WEATHER cloudy / Rain | |

| | |
|--|--|
| VEHICLE NO. 1 DRIVER LAST FIRST MIDDLE DOB ADDRESS CITY, STATE, ZIP PHONE NUMBER DRIVER'S LICENSE NUMBER STATE VEHICLE OWNER'S NAME LAST FIRST MIDDLE ADDRESS CITY, STATE, ZIP PHONE NUMBER VEHICLE YEAR MAKE MODEL COLOR LICENSE PLATE NUMBER STATE INSURANCE COMPANY PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED Right rear bumper cracked and scratched above exhaust | VEHICLE NO. 2 (OR PROPERTY DAMAGED) DRIVER LAST FIRST MIDDLE DOB ADDRESS CITY, STATE, ZIP PHONE NUMBER DRIVER'S LICENSE NUMBER STATE VEHICLE OWNER'S NAME LAST FIRST MIDDLE ADDRESS CITY, STATE, ZIP PHONE NUMBER VEHICLE YEAR MAKE MODEL COLOR LICENSE PLATE NUMBER STATE INSURANCE COMPANY PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED Rear bumper scratched in center |
|--|--|

DESCRIBE HOW ACCIDENT OCCURRED
Unit 1 was parked in a parking space on the west side of 506 E Summit St. Unit 2 was backing out of a parking space on the south side of the building and struck Unit 1.

OFFICER / SUPERVISOR SIGNATURE


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SKETCH HOW ACCIDENT OCCURRED * NOT TO SCALE


INDICATE NORTH BY ARROW ↑