CR NUMBER ACCIDENT DATE 10-17-23	ACCIDENT TIME	WEEK DAWN OR DUSK
LOCATION OF ACCIDENT (STREET NUMBER OR C		
647 Walter ST.	Light Rain	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB Parked Vehicle		DRIVER LAST FIRST MIDDLE DOB
ADDRESS		ADDRESS
CITY, STATE, ZIP PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER
DRIVER'S LICENSE NUMBER STA	ATE	DRIVER'S LICENSE NUMBER STATE
VEHICLE OWNER'S NAME LAST FIRST MILE	DDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE
ADDRESS 646 Walter ST.	-	ADDRESS
CITY, STATE ZIP PHONE NUMB	ER	CITY, STATE, ZIP PHONE NUMBER
	DLOR -	VEHICLE YEAR MAKE MODEL COLOR
LICENSE PLATE NUMBER STATE		LICENSE PLATE NUMBER STATE
INSURANCE COMPANY State Farm		INSURANCE COMPANY
	RIGHT	PARTS OF GENT GEAR GEFT GENTING RIGHT VEHICLE DAMAGED
DESCRIBE HOW ACCIDENT OCCURRED		
Vehicle #1 was parked facing East in the parking lot of 647 Walter ST. Vehicle #1 was struck on the front passenger		
door by an unknown Vehicle. Vehicle 1 663 struck		
Sometime between 1930 hrs on 10/16 and 1045 hrs on		
10/17.		SKETCH HOW ACCIDENT OCCURRED NORTH B
		water si:
OFFICER (CUREDVICTOR CIONATURE		Parking Lot
OFFICER /SUPERVISOR SIGNATURE 1. Cole	ADI3	