(COI	NNI	ECT	CUT UNIFORM POLICE ACCIDENT REPORT FORM PR-1 REV.12/94						
١,	300	BE.	ΔΓΙΝΙ	GS: Latitude:						
1			אווטה							
L	Time			Longitude:	FOR DOT USE ONLY POLICE CASE NUMBER					
			ACCIE Iay I							
Т	OWN	OR	CITY	NAME TOWN CODE ACCIDENT OCCURRED ON (Street Name or Route #) AT ITS INTERSI	RED ON (Street Name or Route #) AT ITS INTERSECTION WITH (Street Name or Route #					
II	TON	ΓΑΤΙ	NTER	SECTION Feet 2. DIRECTION 3. NAME OF NEAREST INTERSECTING STREET	3. NAME OF NEAREST INTERSECTING STREET, TOWN LINE OR MILE MARKER					
1				FANCE Tenths of Mile North South of	of					
	(2	Che	ск Ар	Nophale Boxes) — Eact Wact	Accident Occurred: On Private Property Parking Lot					
	RAF		V	Phicle Pedestrian Non-Contact Vehicle TRAFFIC UNIT #2 Vehicle Pedestrian	TRAFFIC Vehicle Pedestrian Non-Contact Vehicle					
)R #1		OPERATOR #2 or PEDESTRIAN NAME (Last, First, Middle Initial)					
F	DDR	RESS	(Stre	et Number & Name) PROPER LICENSE CLASS ADDRESS (Street Number & Name)	PR	ROPER LICEN	ISE CLAS			
				☐ Yes ☐ No		Yes	-			
(YTK	OR T	OWN	STATE ZIP CODE SEX CITY OR TOWN ST	ATE ZIP	CODE	SEX			
(PEF	RATC	R LIC	ENSE # STATE DATE OF BIRTH Month Day Year Day Year	STATE	DATE OF Month Da				
Č	NWI	ER'S	NAM	E (Enter SAME If Owner is Operator) OWNER'S NAME (Enter SAME If Owner is	OWNER'S NAME (Enter SAME If Owner is Operator)					
1	DDF	RESS	(Stre	et Number and Name) ADDRESS (Street Number and Name)	ADDRESS (Street Number and Name)					
(YTI	OR 1	TOWN	STATE ZIP CODE BODY TYPE CITY OR TOWN ST	ATE ZIP	CODE BC	DY TYP			
F	REGISTRATION # STATE VEHICLE YEAR AND MAKE			# STATE VEHICLE YEAR AND MAKE REGISTRATION # STATE VEHICLE	YEAR AND N	MAKE				
١	/EHI	CLE	IDENT	IFICATION NUMBER VEHICLE IDENTIFICATION NUMBER		1,				
(CARF	NER	NAME	CARRIER NAME						
	ARE	RIFR	ADDE	RESS (#, Street, City or Town, State, Zip Code) CARRIER ADDRESS (#, Street, City or To	wn, State, Zip	Code)				
202 19 878										
	SOUF	RCE hippi	OF CA		SOURCE OF CARRIER NAME Shipping Papers/Trip Manifest Driver Side of Vehicle					
l è	SROS RATI	ss v	EHICL	E WEIGHT HAZARDOUS MATERIAL PLACARD GROSS VEHICLE WEIGHT HAZARDOUS I REQUIRED?	GROSS VEHICLE WEIGHT HAZARDOUS MATERIAL PLACARD REQUIRED? Yes No 4 Digit # DISPLAYED? Yes No 1 Digit # HAZARDOUS CARGO ENFORCEMENT ACTION TAKEN None					
H			US CA	RGO ENFORCEMENT ACTION TAKEN None HAZARDOUS CARGO ENFORCEMEN						
Œ	17200	37.75.00	<u> </u>	Yes No Arrest Written Warning Verbal Warning RELEASED? Yes No Arrest						
	SIAI	UIE	ORC	RDINANCE #'S SUBJECT Operator Carrier OF ACTION Owner Pedestrian	STATUTE OR ORDINANCE #'S SUBJECT Operator Carrier OF ACTION Owner Pedestrian AUTOMOBILE INSURANCE — NAME — POLICY # PARTS OF VEHICLE DAMAGED					
ľ	AUTC	OMO	BILE I							
ļ	PART	rs o	F VEH	ICLE DAMAGED PARTS OF VEHICLE DAMAGED						
-	√EHI	CLE	TOW	TOWED DUE TO DAMAGE VEHICLE TOWED TO:	TOW	ED DUE TO	DAMAG			
L	L.	М.	N.	NAME AND ADDRESS OF EACH INVOLVED PERSON	Date of B	irth O.	P. Q.			
1				TRAFFIC UNIT #1 OPERATOR OR PEDESTRIAN #1						
2				TRAFFIC UNIT #2 OPERATOR OR PEDESTRIAN #2						
3					Month Day	Year				
4					Month Day	Year				
5					Month Day	Year				
6					Month Day	Year				
- 7	1				Month Day	Yealt				

8

Month Day

FORM	PR-1				
			David II	Police Case Number	
			Page # of		
ACCI	DENT DIAGRAM			INDICATE NORTH	
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1					
		•	1 4		
}					
TRAFFIC	UNIT # TRAVELING		TRACEIO I ANT III		
1	S DE W ON		TRAFFIC UNIT # TRAVEL		
	o le won		N S E W ON	*******	
				11 (12 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14	
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				OPPLATU SANDLE OF THE SANDLE O	
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	1. DESCRIBE THE NATURE AND EXTENT OF PRO	DEBTY DAMAGE	=		
RTY	SECONDE THE NATURE AND EXTENT OF PRO	ZI EDIT DAMAGE	-	•	
S N	NAME AND ADDRESS OF PROPERTY OWNER	W-1-1-7-0			
F 도 된					
5 E	2. DESCRIBE THE NATURE AND EXTENT OF PRO	PERTY DAMAGE	Ξ		
SE STA					
DAMAGE TO PROPERTY OTHER THAN INVOLVED VEHICLES	NAME AND ADDRESS OF PROPERTY OWNER		***************************************	P 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
RANK AN	D SIGNATURE OF INVESTIGATING OFFICER	OFFICER ID#	POLICE AGENCY IDENTIFICATION RE	PORT DATE CASE STATUS SU OPEN CLOSED	PERVISOR
1		1	1		