

CR NUMBER 26-7307	ACCIDENT DATE 5/10/26	ACCIDENT TIME 1300-1500	DAY OF WEEK Sunday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1700 S. Water St. Hunt OH 44240			WEATHER Clear	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
Unoccupied					Unknown				
ADDRESS					ADDRESS				
CITY, STATE, ZIP					CITY, STATE, ZIP				
PHONE NUMBER					PHONE NUMBER				
DRIVER'S SOCIAL SECURITY NUMBER					DRIVER'S SOCIAL SECURITY NUMBER				
DRIVER'S LICENSE NUMBER					DRIVER'S LICENSE NUMBER				
STATE					STATE				
VEHICLE OWNER'S NAME LAST FIRST MIDDLE					VEHICLE OWNER'S NAME LAST FIRST MIDDLE				
Watson, Tess, Laine									
ADDRESS					ADDRESS				
13562 Y camp Rd.									
CITY, STATE, ZIP					CITY, STATE, ZIP				
Lisbon, OH 44432									
VEHICLE	YEAR	MAKE	MODEL	COLOR	VEHICLE	YEAR	MAKE	MODEL	COLOR
2015		Nissan		Silver					
LICENSE PLATE NUMBER		STATE			LICENSE PLATE NUMBER		STATE		
STEFANI		OH							
INSURANCE COMPANY					INSURANCE COMPANY				
Progressive 985336156									
PARTS OF VEHICLE DAMAGED					PARTS OF VEHICLE DAMAGED				
<input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT					<input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT				

DESCRIBE HOW ACCIDENT OCCURRED

Unit 1 was parked at 1700 S. Water St. unoccupied. Between 13:00 and 15:00 their vehicle was struck by an unknown vehicle that left scene. The security cameras did not capture the accident.

OFFICER/SUPERVISOR SIGNATURE <i>[Signature]</i> Whelan	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW
	1700	
	Not to Scale	
	S. Water St	