CR NUMBER	ACCIDENT	ACCIDENT			DAY OF		a DAYLIG			
25-11834	DATE 8/17 -8/18	11ME/400	4 rs - 07	00 hrs.	WEER S	U~-Mon	□ DAWN (□ DARK	OR DUSK VNK		
LOCATION OF ACCIDENT	(STREET NUMBER OR	OTHER LOC	CATION DE	ESCRI	PTION)	WEATHER	8			
1650 Mu	lberry et	Stratus and the Stratus and Stratus			200 210 02.00	No	adverse			
VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)									
DRIVER LAST FIRST MIDDLE DOB				DRIVER LAST FIRST MIDDLE DOB Hitskip Jenicle						
ADDRESS			ADDRES							
CITY, STATE, ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER							
DRIVER'S LICENSE NUMB	ER SI	TATE	DRIVER'	S LICE	NSE NUME	BER .		STATE	THE STATE OF THE S	
VEHICLE OWNER'S NAME MCMANUS		IDDLE	VEHICLE	E OWN	ER'S NAM	E LAST	FIRST	MIDDLE		
ADDRESS	lelson Mosier Ro	d.	ADDRE	SS						
CITY, STATE ZIP Leavitts burg, DN 44430: VEHICLE YEAR MAKE MODEL COLOR			CITY, STATE, ZIP PHONE NUMBER							
VEHIOLE TEXT	WOOLL C	COLOR	VEHIC	_E	YEAR	MAKE	MODEL	COLOR		
LICENSE PLATE	NUMBER STATE,		LICEN	SE PLA	ATE	NUMBER	STATE		O CONTRACTOR OF THE PARTY OF TH	
INSURANCE COMPANY	INSURANCE COMPANY									
PARTS OF G FRONT VEHICLE DAMAGED	REAR SLEFT	a RIGHT	PART VEHIO DAMA		□ FRON	T 🗆 REA	AR o LEFT	n RIGHT		
DESCRIBE HOW ACCID	ENT OCCURRED		1 Dr dvii	(OLD				na dimensi mga makaza asa asa asa asa asa asa asa asa asa		
Unit on	L WAS STRUCK	- by	UNRO	 √i∕\	Unit"	Evoin	nwkine	lot		
New	1650 Mulber	y ct.)	101		
1	neras/witnesse		1 Know	n d	rection	r of t	ravel of	ConitT	w°	
at in										
	SKETCH HOW ACCIDENT OCCURRED NORTH B									
						1650 M	ilberryct-	.,0	ARROW	
							12/1			
OFFICER/SUPERVI	SOR SIGNATURE	1 1032	,					Not t	o scall	