

CR NUMBER 22-1417	ACCIDENT DATE 1-31-22	ACCIDENT TIME 1630	DAY OF WEEK MON	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1708 E MAIN ST			WEATHER FAIR	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS		ADDRESS		
CITY, STATE, ZIP PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER		
DRIVER'S LICENSE NUMBER STATE		DRIVER'S LICENSE NUMBER STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS		ADDRESS		
CITY, STATE ZIP PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER		
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE		LICENSE PLATE NUMBER STATE		
INSURANCE COMPANY		INSURANCE COMPANY		
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
UNIT 1 WAS PARKED AND UNOCCUPIED BEHIND 1700 E MAIN ST. AN UNKNOWN VEHICLE BACKED INTO UNIT 1 CAUSING DAMAGE TO THE REAR BUMPER. UNIT 2 LEFT THE SCENE WITHOUT STOPPING OR LEAVING ANY INFORMATION.				
		SKETCH HOW ACCIDENT OCCURRED		
		<div style="text-align: center;"> </div>		
OFFICER / SUPERVISOR SIGNATURE [Signature]		E MAIN ST		

CR NUMBER 22-147	ACCIDENT DATE 1-31-22	ACCIDENT TIME 1630	DAY OF WEEK	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)			WEATHER	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB REFELD-DAVIS KAYLA J 9/16-93			
ADDRESS	ADDRESS 1700 E MAIN ST #227			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Ment OH 44240			
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME			
ADDRESS	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR 2011 DODGE AVEOGEEL RED			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE HFS 4693 OH			
INSURANCE COMPANY	INSURANCE COMPANY SAFE AUTO OH 1606680			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
SUPPLEMENT COMPLETED 2-5-22				
I WAS ABLE TO TRACK DOWN UNIT # 2. SHE ADMITTED TO DRIVING.				
SHE STATED THAT SHE DID NOT OBSERVE ANY DAMAGE				
SO SHE LEFT.				
			SKETCH HOW ACCIDENT OCCURRED	
			INDICATE NORTH BY ARROW	
OFFICER/SUPERVISOR SIGNATURE [Signature]				