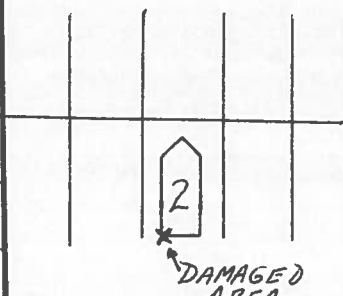



CR NUMBER 20-12000	ACCIDENT DATE 7-31-20	ACCIDENT TIME 1100-1320	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 400 DEVON PLACE			WEATHER No Adverse	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB UNKNOWN	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 UNKNOWN		VEHICLE OWNER'S NAME LAST FIRST MIDDLE WALDEN, MARCIA L.		
ADDRESS		ADDRESS 2962 MCCLINTOCKSBURG RD		
CITY, STATE ZIP PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER DIAMOND, OH 44412		
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR			
2010 DODGE CARAVAN BLUE	2010 DODGE CARAVAN BLUE			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE			
	GEM3996 OH			
INSURANCE COMPANY		INSURANCE COMPANY		
		GEICO #4227-55-38-58		
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 checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	DAMAGED Rear bumper and Tailight		
DESCRIBE HOW ACCIDENT OCCURRED Unit 2 was parked N/B in the parking lot of 400 Devon Pl. during the listed times. When the vehicle owner of Unit 2 returned to the vehicle at 1320hrs. it had left rear damage. The hit skip vehicle did not leave any information or debris at the scene.				
		SKETCH HOW ACCIDENT OCCURRED NOT TO SCALE 		INDICATE NORTH BY ARROW 
				400 DEVON PLACE
OFFICER / SUPERVISOR SIGNATURE Fuller #221 / [Signature] #214				