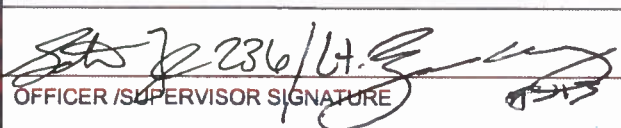
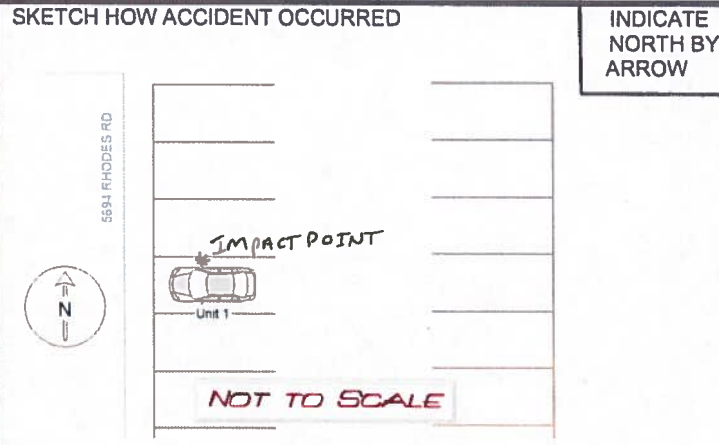


|   |  |                                       |   |  |
|---|--|---------------------------------------|---|--|
| CR NUMBER<br><b>20-15245</b>  | ACCIDENT DATE<br><b>9/18-9/19</b>                        | ACCIDENT TIME<br><b>2000 hrs-0900</b> | DAY OF WEEK<br><b>Fri. into SAT.</b>  | <input type="checkbox"/> DAYLIGHT<br><input type="checkbox"/> DAWN OR DUSK<br><input type="checkbox"/> DARK <b>UNKNOWN</b> |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)<br><b>5694 Rhodes Rd.</b>  |  |                                       | WEATHER<br><b>UNKNOWN</b>   |  |
| VEHICLE NO. 1   |  |                                       | VEHICLE NO. 2 (OR PROPERTY DAMAGED)   |  |
| DRIVER LAST FIRST MIDDLE DOB<br><b>Unoccupied</b>   | DRIVER LAST FIRST MIDDLE DOB<br><b>UNKNOWN</b>           |                                       |   |  |
| 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<br><b>HALL LISA A</b>  | VEHICLE OWNER'S NAME LAST FIRST MIDDLE<br><b>UNKNOWN</b> |                                       |   |  |
| ADDRESS<br><b>12359 Vince Dr.</b>   |  |                                       | ADDRESS   |  |
| CITY, STATE ZIP<br><b>Doylestown OH 44230</b>   |  | PHONE NUMBER                          |   |  |
| CITY, STATE, ZIP  |  | PHONE NUMBER                          |   |  |
| VEHICLE YEAR MAKE MODEL COLOR<br><b>2018 JEEP COMPASS Silver</b>  | VEHICLE YEAR MAKE MODEL COLOR<br><b>RED</b>              |                                       |   |  |
| LICENSE PLATE NUMBER STATE<br><b>HMZ 4546 OH</b>  | LICENSE PLATE NUMBER STATE                               |                                       |   |  |
| INSURANCE COMPANY<br><b>SONNENBERG MUTUAL INSURANCE</b>   |  |                                       | INSURANCE COMPANY   |  |
| PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT<br><b>Right passenger's door (front)</b> |  |                                       | PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT<br><b>UNKNOWN</b>  |  |
| DESCRIBE HOW ACCIDENT OCCURRED  |  |                                       |   |  |
| <p><b>UNIT ONE WAS PARKED UNOCCUPIED. UNIT ONE WAS STRUCK SOMETIME OVER NIGHT BY A RED UNKNOWN VEHICLE, LEAVING A RED PAINT TRANSFER. NO CAMERAS OR SUSPECT VEHICLES.</b></p>                                     |  |                                       |   |  |
| OFFICER / SUPERVISOR SIGNATURE<br>  |  |                                       | SKETCH HOW ACCIDENT OCCURRED  |  |
|   |  |                                       |  <p style="text-align: right;">INDICATE NORTH BY ARROW</p> <p style="text-align: center;"><b>NOT TO SCALE</b></p> <p style="text-align: right;"><b>UNKNOWN UNIT 2</b></p> |  |