CR NUMBER	ACCIDENT	ACCIDEN	DAY OF			DAYLIGHT			
27-18059	DATE 10-24-22	TIME S	153	WEEK	520	□ DAWN OR DUSK ☆∠DARK			
LOCATION OF ACCIDEN	IT (STREET NUMBER OR	OTHER LO	CATION DESC	RIPTION)	WEATHER	772			
				,					
5694 RHO	リーノー アン	4147 A. Jagoria S. Stati	er Grand fra Strong	ng pang Aga Matanggan sakin	<u>I</u> FA	12			
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)							
DRIVER LAST FIR	ST MIDDLE DO	OB	DRIVER LAS	ST FIRS	ST MI	DDLE DOB			
ADDRESS			ADDRESS						
CITY, STATE, ZIP	₹	CITY, STATE, ZIP PHONE NUMBER							
DRIVER'S LICENSE NUMBI	ER S <sup>-</sup>	TATE	DRIVER'S LICE	NSE NUMBE	ER	STATE			
VEHICLE OWNER'S NAME		IDDLE	VEHICLE OWN	_		FIRST MIDDLE			
BENJAMIN RECO	)		ISA Bell	e Cas	SASANTA				
ADDRESS 103 HART ZCL	l Also		ADDRESS 1 G L/1	01-	3.4				
CITY, STATE ZIP	PHONE NUM	BER	CITY STATE 7	<i>1+∪7 ∪∧</i> 1P	in ur	PHONE NUMBER			
NILES 0H 4444	160		LANLAST	EL, OH	43130	LUCIAL MOMBEU			
VEHICLE YEAR	MAKE MODEL C	OLOR	VEHICLE '	YEAR N	<b>MAKE</b>	MODEL COLOR			
BLUC CHOU	NUMBER STATE		BLACK	- Hon	DDA C11	VIC 2019			
JWA 7630	NUMBER STATE <i>の</i> は		LICENSE PLAT	E 1 5243	NUMBER	STATE OH			
INSURANCE COMPANY			INSURANCE C						
PARTS OF □ FRONT VEHICLE DAMAGED	PARTS OF DEFRONT DEFENDENT DEFICIE  DAMAGED								
DESCRIBE HOW ACCIDEN	IT OCCURRED								
UN # 1, 2, 3	AUD 4 Were	ALL 1	ARKED AN	D UNC	occupied	IN UNIVERSITY			
	Cot. The Duce								
EMELLOCAUP BO	RAKE ON. WITT	4 holle	D FROM	175 /6	rkeo f	BS/T10N			
STRIKING U	ou 17 1, 7, An	» <u>5</u>							
	,		SKETCH HO	W ACCIDEN	T OCCURRE	1			
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OFFICER/SUPERVISOR S	SIGNATURE			<u> </u>					
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Lt. Sho	rt # 228			l	1 1 1	I			

CR NUMBER 22-18059	ACCIDENT DATE	ACCIDENT TIME		DAY OF WEEK		o DAYL o DAW o DARI	N OR DUSK	<
7	T (STREET NUMBER OR	OTHER LOCA	ATION DESC	RIPTION)	WEATHER		-	
/EHICLE NO. 29			/EHICLE NO.	<i>L</i> / ⊉'(OR PROPEI	RTY DAMAG	BED)		
DRIVER LAST FIR	ST MIDDLE DO	OB [	DRIVER LA	ST FIRS	ST M	IDDLE	DOB	
ADDRESS		,	ADDRESS					
CITY, STATE, ZIP	PHONE NUMBE	R	CITY, STATE,	ZIP	Р	HONE NUM	BER	
DRIVER'S LICENSE NUMB	ER S	TATE	DRIVER'S LIC	ENSE NUMBE	:R		STATE	
VEHICLE OWNER'S NAME KIMBERLY RAF		MIDDLE	VEHICLE OW ANDREA	NER'S NAME 9 BOUN		FIRST	MIDDLE	
ADDRESS 6194 WINDIN	6 Check in		ADDRESS	Forest	CLIFF	DR		
CITY, STATE ZIP NOLMSTED OF	PHONE NUM	IRFR	CITY, STATE LAILELUE	, ZIP SOD OH	41107	PHONE N	UMBFR	
VEHICLE YEAR	MAKE MODEL C	COLOR	VEHICLE	YEAR I	MAKE	MODEL	COLOR	
LICENSE PLATE 1450 9501	NUMBER STATE		LICENSE PLA	ATE 8369	NUMBER	STATE		
INSURANCE COMPANY			INSURANCE ERIC	COMPANY Q 105	506614	1		
PARTS OF CFRONT VEHICLE DAMAGED	o REAR SOLEFT	RIGHT	PARTS OF VEHICLE DAMAGED	FRONT	REAR	Ø LEFT	≯ RIGH	Т
DESCRIBE HOW ACCIDE	NT OCCURRED							
			SKETCH	HOW ACCIDE	NT OCCURI	RED		INDICATE NORTH B' ARROW
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OFFICER /SUPERVISOF	RSIGNATURE							