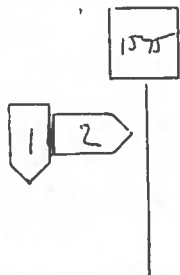


CR NUMBER 20-15230	ACCIDENT DATE 9-19-20	ACCIDENT TIME 1147	DAY OF WEEK SAT	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1575 S WATER ST (BURLER KNOB)			WEATHER NO ADVERSE	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB BOJARSKI KENNETH W 7-20-61	DRIVER LAST FIRST MIDDLE DOB SMITH RAYMOND A 2-21-58			
ADDRESS 736 STWAFF ST	ADDRESS 3338 STONINGTON CIR			
CITY, STATE, ZIP PHONE NUMBER VENT OH 44240	CITY, STATE, ZIP PHONE NUMBER LAVONA OH 44266			
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME AS ABOVE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME AS ABOVE			
ADDRESS	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 17 CHEV SILVERADO BLK	VEHICLE YEAR MAKE MODEL COLOR 20 CHEV EQUINOX BLK			
LICENSE PLATE NUMBER STATE HG25443 OH	LICENSE PLATE NUMBER STATE HX26555 OH			
INSURANCE COMPANY GEICO 4480914078	INSURANCE COMPANY STATE FARM C375576 FO135A			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input 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 type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
UNIT 1 WAS DRIVING FROM THE PICK UP WINDOW TOWARDS S. WATER ST. UNIT 2 WAS BACKING OUT OF A PARKING SPOT AND STRUCK UNIT 1				
			SKETCH HOW ACCIDENT OCCURRED N ← *NOT TO SCALE*  S. WATER	
OFFICER/SUPERVISOR SIGNATURE <i>[Signature]</i> #213			INDICATE NORTH BY ARROW	