DATE 12/12/20	ACCIDEN TIME		DAY OF WEEK	SAT	DAWN OR DUSK	
	_			WEATH	DARK ER	
				No	Adverse, Cloudy	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)			
Unoccupied MIDDLE DOB			DRIVER LAST FIRST MIDDLE DOB RUCSCHMM Chuy Ann 2/16/45			
ADDRESS		ADDRESS				
CITY, STATE, ZIP PHONE NUMBER						
DRIVER'S LICENSE NUMBER STATE			DRIVER'S LICENSE NIMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE			VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
Til.		ADDRESS				
PHONE NUMB	BER	CITY, STATE, 2	IP .		PHONE NUMBER	
MAKE MODEL CO	DLOR, Zed					
LICENSE PLATE NUMBER STATE OHIO			LICENSE PLATE NUMBER STATE FTZ 3051 OH10			
INSURANCE COMPANY SAFECO			INSURANCE COMPANY UAKAOWA			
	RIGHT	VEHICLE				
NT OCCURRED		DAMAGED	very	1.ght	sanage	
was nowled	11000	wied at	- 313	Nul	about and Vince lab	
a backed sate	unic	- 000	515.00	1:44	demand to	
	01.1	0.00	- AUSING)	e harrage 18	
		SKETCH HO	W ACCIDE	O 13	RRED INDICATE NORTH BY	
				3 N.	Water St. T NORTH BY ARROW	
			L	1		
					(2)	
		Not	10	1	1211	
R SIGNATURE	-4-21	Sca	le			
	PHONE NUMBER OR PHONE NUMBER BER ST LAST FIRST MI LAST FIRST M	PHONE NUMBER PHONE NUMBER PHONE NUMBER PHONE NUMBER LAST FIRST MIDDLE LAST FIRST MIDLE LAST FIRST MIDDLE LAST FIRST MIDDLE LAST FIRST MIDDLE LAST FIRST MIDL	VEHICLE NO. 2 REST MIDDLE DOB DRIVER LAS LYCSCH ADDRESS PHONE NUMBER ELAST FIRST MIDDLE VEHICLE OWN SAA ADDRESS TIL. PHONE NUMBER CITY, STATE, Z Brimfield DRIVERS HITE ELAST FIRST MIDDLE LAST FIRST MIDDLE LICENSE PLAT LICENSE PLAT FTZ INSURANCE O REAR DEFT DRIGHT PARTS OF VEHICLE DAMAGED WAS PARKED UNO COUPIED AT O BACKED IN TORCE WHITELE DAMAGED SKETCH HO RESIGNATURE	VEHICLE NO. 2 (OR PROPER LOCATION DESCRIPTION) WEHICLE NO. 2 (OR PROPER LAST FIRST MIDDLE DOB DRIVER LAST FIRST LUCSCHMM CONTINUES LICENSE NILMBER LAST FIRST MIDDLE VEHICLE OWNER'S NAME SAA ADDRESS TIL. PHONE NUMBER CITY, STATE, ZIP LAST FIRST MIDDLE VEHICLE OWNER'S NAME SAA ADDRESS TIL. PHONE NUMBER CITY, STATE, ZIP WEHICLE OWNER'S NAME SAA ADDRESS CITY, STATE, ZIP LICENSE PLATE FIRST LICENSE PLATE FTZ. 30 SI INSURANCE COMPANY UN KAO W PREAR D LEFT D RIGHT PARTS OF D FRONT VEHICLE DAMAGED VELY NO FOR RED RESIGNATURE ON ACCIDENT RESIGNATURE ON ACCIDENT	NT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) WEATH ADDRESS 1/21 Doralee Dr. INJURENCE DR. WEATH WEATH ADDRESS 1/21 Doralee Dr. WEATH WEATH REAR STATE WEATH WEATH WEATH ADDRESS CITY, STATE, ZIP WEATH WEATH WEATH WEATH WEATH WEATH ADDRESS CITY, STATE, ZIP WEATH WEATH	