CR NUMBER ACCIDENT ACCIDE						
22-1417 DATE 1-31-27 TIME	DAY OF ADAYLIGHT WEEK OF DAWN OR DUSK					
LOCATION OF ACCIDENT (STEET NUMBER OF	1630 WEEK MON DAWN OR DUSK					
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER L	OCATION DESCRIPTION) WEATHER					
1708 E MAIN ST						
	FAIR					
VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)					
DRIVER LAST FIRST MIDDLE DOB						
	DRIVER LAST FIRST MIDDLE DOB					
ADDRESS	UNKNOWN					
	ADDRESS					
CITY, STATE, ZIP PHONE NUMBER						
THOME ROMBER	CITY, STATE, ZIP PHONE NUMBER					
DRIVER'S LICENSE NUMBER STATE						
SIMIE	DRIVER'S LICENSE NUMBER STATE					
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	THE WAS LONDER TO MAKE A SECOND HEARING STANDARD STANDARD SHARE STANDARD STANDARD STANDARD STANDARD STANDARD SHARE STANDARD STANDARD SHARE STANDARD SHARE STANDARD SHARE STANDARD SHARE SHARE STANDARD SHARE STANDARD SHARE SHARE STANDARD SHARE					
LACOURT JOSEPHINE M	VEHICLE OWNER'S NAME LAST FIRST MIDDLE					
ADDRESS	UNILNOWN					
1700 E MAIN ST + 376	ADDRESS					
CITY, STATE ZIP PHONE NUMBER	OLTV OTATE AND					
LIENT OF YYCYO	CITY, STATE, ZIP PHONE NUMBER					
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR					
13 CHOW CRUZE BLIC	WATE MODEL COLOR					
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE					
1+WA3095 OH	LICENSE PLATE NUMBER STATE					
INSURANCE COMPANY	NY INSURANCE COM-					
USAA 0051368262	HOUNTAIN					
PARTS OF DEFRONT COREAR SOLEFT DERIGHT	PARTS OF D FRONT REAR D LEFT MRIGHT					
VEHICLE	VEHICLE RONT (6) REAR LEFT (A) RIGHT					
DAMAGED	DAMAGED					
DESCRIBE HOW ACCIDENT OCCURRED						
Unit 1 Was PARKED AND	UNOCCUPIES BEHIND 1700					
E MAIN ST AN IRLOS						
C MAIN ST. AN UNICUOUN	VEHICLE BALLED INSTO UNIT!					
Courseins						
Causinle Dange 18 THE RE	AL Burger. Unift 2 CEST					
THE STELL						
THE Scene without ST	offine Or Exaving for					
IN FORMATION.						
	CIPTOLLIA					
	SKETCH HOW ACCIDENT OCCURRED INDICATE					
	NORTH BY ARROW					
	- 2) NOT TO Scane					
	SEALE					
	1700					
1 2 1						
12 1 -247						
OFFICER SUBERVISOR SIGNATURE	E MAIA) T					
The second secon						

CR NUMBER	ACCIDENT	ACCIDEN		DAY OF	DAYLIGHT			
22-1417	DATE 1-31-22	TIME	1630	WEEK	DAWN OR DUSK DARK			
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) WEATHER								
tings for the first of the grown of the first of the second	egragi e Silegral gira enggani eta arra, g	A. A	La company of the second					
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)					
DRIVER LAST FIRST MIDDLE DOB			DRIVER LAST FIRST MIDDLE DOB					
			REFELD-DAVIS MAYLA J 9-16-93					
ADDRESS			ADDRESS 1700 E MAIN 35 + 227					
CITY, STATE, ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER MENT OH 44240					
DRIVER'S LICENSE NUMBE	R ST/	ATE	DRIVER'S LICE	NSE NUMBER	STATE			
VEHICLE OWNER'S NAME	LAST FIRST MID	DDLE	VEHICLE OWNE	ER'S NAME LAST	and the second s			
ADDRESS			ADDRESS					
CITY, STATE ZIP	PHONE NUMBI	ER	CITY, STATE, Z	IP .	PHONE NUMBER			
VEHICLE YEAR M	AKE MODEL CO	DLOR		YEAR MAKE	MODEL COLO	₹		
LICENSE PLATE N	UMBER STATE		LICENSE PLAT	E NUMBER		-		
INSURANCE COMPANY			INSURANCE CO	YNAPMC	00660			
PARTS OF DEFRONT VEHICLE DAMAGED	□ REAR □ LEFT □ I	RIGHT	PARTS OF GRONT GREAR GLEFT GRIGHT VEHICLE DAMAGED					
DESCRIBE HOW ACCIDENT OCCURRED SUPPLIES CONFLET D 2-5-22								
1 WPS ABLE								
i our s prove	10 TRACE DE	(3 Cade / C)	UNIT C.	SHE ADMIT	TEO TO DAI	الي المحدوث		
SHE STATED	THAT SHE (DID 120	OBSE	ELVE ANY D	AMQOL			
80 SHC	LEFT.							
			SKETCH HOV	W ACCIDENT OCCURRE	ΞD	INDICATE		
						NORTH BY		
						ARROW		
			_					
			_					
Br. CE	2+247							
OFFICER/SUPERVISOR SI								
Stomma	271							