CR NUMBER	ACCIDENT	ACCIDEN	П	DAY OF		YLIGHT		
21-15891	09 · 26 · 31	TIME	24	WEEK Sunda		WN OR DUSK RK		
21-1589 69.26.21 1024 SCARON OF BORK DOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) WEATHER								
1708 E. Main ST. No Adverse								
VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)							
DRIVER LAST FIRS	DRIVER LAST FIRST MIDDLE DOB							
ADDRESS UNOCCUP		Unkna	un					
ADDRESS	ADDRESS							
CITY, STATE, ZIP		CITY, STATE, ZIP PHONE NUMBER						
CITY, STATE, ZIP PHONE NUMBER			THORE NOWIBER					
DRIVER'S SOCIAL SECURIT	DRIVER'S SOCIAL SECURITY NUMBER							
DRIVER'S LICENSE NUMBE	R STA	TE	DRIVER'S LICEN	ISE NUMBER	· · ·	STATE		
VELLIOLE CIAMEDIO MANE	LACT FIRST MID	51 =	V51 1101 5 014 015					
VEHICLE OWNER'S NAME		DLE	VEHICLE OWNE			MIDDLE		
Gregel Ja	ettrey 1.		ADDRESS	unkno	wa			
8702 Tafi	many Rd							
CITY, STATE ZIP	Mary Rd. PHONE NUMBE	R	CITY, STATE, ZI	Р	PHONE N	IUMBER		
Ravenna o VEHICLE YEAR M	44266							
I .			VEHICLE Y		E MODEL			
LICENSE PLATE N	LICENSE PLATE	Jeer	Libery BER STATE	Black				
			LIOCINOET EATE	- 1401	DER PIAIE			
INSURANCE COMPANY Pol M			INSURANCE COMPANY					
PARTS OF PRONT								
PARTS OF D FRONT VEHICLE	PARTS OF GENORITIES REAR GENERAL REGIONS OF THE REGIONS O							
DAMAGED BLACE DESCRIBE HOW ACCIDENT	DAMAGED							
Vehicle 11 Wa	s parked in fr	ont o	f 1708 E	. Main S	T facing	South.		
Vehicle 1 was parked in front of 1708 E. Main St. facing South. Vehicle 12 was backing in a Northbound direction of travel and								
Struck Vehicle 41. Vehicle 42 fled the scene heading East on								
Struck Vehi	cle 1. Velicle	2 4	led the	scene h	reding to	31 04		
E. Main ST	The driver	and p	essenger c	of Vehic	le #2 her	Q		
described as younger "White makes in their teens. SKETCH HOW ACCIDENT OCCURRED INDICATE								
	/ - 3		SKETCH HOW	ACCIDENT O	CCURRED	INDICATE		
A security can	nea Caught +	he	4	E. Movin z	T_	NORTH BY ARROW		
Crash and a	cacy will be la	ged						
in as evidence		_			~			
			,		/2/			
			1 1 1 401					
OFFICER /SUPERVISOR SI	1708 E. Med SV							
7. Cole	MITTER	1						

CR NUMBER	ACCIDENT	ACCIDEN		DAY OF	∀ DAYLIGHT			
21-15891	DATE	TIME	รวน	WEEK	DAWN OR DUSK			
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) WEATHER								
1708 E.N	lain ST.				Vo Adverse			
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)					
DRIVER LAST FIRS	ST MIDDLE DOE	3	DRIVER LAS					
ADDRESS			ADDRESS		on G 4.8.05			
CITY, STATE, ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER					
DRIVER'S SOCIAL SECURIT		Ravens OH 44266 DRIVER'S SOCIAL SECURITY NUMBER						
			The state of the s					
DRIVER'S LICENSE NUMBER	R STA	TE	DRIVER'S LICE	ISE NUMBER	STATE			
VEHICLE OWNER'S NAME	LAST FIRST MIDI	DLE	10000000	R'S NAME LAST				
ADDRESS				n, Susar				
CITY, STATE ZIP	PHONE NUMBE	R	4143 CITY, STATE, ZI	Timber Ru	PHONE NUMBER			
			Rairna	04 44266				
VEHICLE YEAR MA	AKE MODEL COL	.OR		0/ 44266 EAR MAKE				
LICENSE PLATE NU	UMBER STATE		LICENSE PLATE	Jego Liber NUMBER	,			
INSURANCE COMPANY			INSURANCE CO	MPANY	OH			
	□ REAR □ LEFT □ R		Natio	ou side				
PARTS OF D FRONT VEHICLE DAMAGED	IGHT	PARTS OF FRONT REAR LEFT RIGHT VEHICLE DAMAGED NO Damage						
DESCRIBE HOW ACCIDENT	OCCURRED		D7 11111 (OED	100 001	nage			
Sugalement:								
9-29-21								
The owner of Vehicle 12 provided the above information								
	the original re		7.50					
	9							
			SKETCH HOW	ACCIDENT OCCURR	ED INDICATE			
					NORTH BY ARROW			
					<u></u>			
			1					
			1					
OFFICER /SUPERVISOR SIG	ENATURE /		1					
T. Cole	Wie	<u>_</u>						