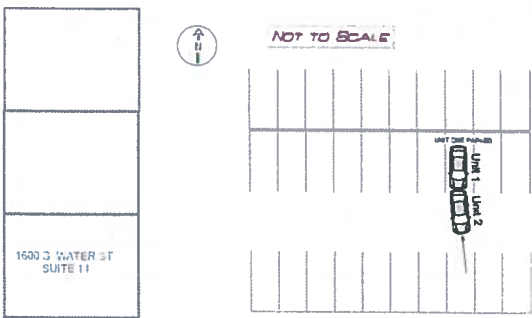


CR NUMBER <b>20-1359</b>	ACCIDENT DATE <b>1/19/20</b>	ACCIDENT TIME <b>1500</b>	DAY OF WEEK <b>SUN</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>1600 S. Water St. Parking Lot.</b>			WEATHER <b>Snow, Light</b>	
VEHICLE NO. 1 <b>PARKED</b>			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB <b>MILLER KADE DANIEL 05/28/86</b>	DRIVER LAST FIRST MIDDLE DOB <b>UNKNOWN</b>			
ADDRESS <b>5918 State St.</b>	ADDRESS			
CITY, STATE, ZIP <b>Castalia, OH 44824</b>	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE <b>SV678895 OH</b>	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>SHOEMAKER, RICHANN</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>UNKNOWN</b>			
ADDRESS <b>(SAA)</b>	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR <b>2006 Pontiac Grand Prix White</b>	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE <b>K048685 OH</b>	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY <b>United OH Ins. Company</b>	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>Front center</b>	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>UNKNOWN</b>			
DESCRIBE HOW ACCIDENT OCCURRED				
<b>UNIT ONE was parked, occupied in the parking lot of CSL Plasma (1600 S. Water St.) UNIT TWO backed into unit one causing property damage</b>				
Unit two left the scene prior to police arrival.			SKETCH HOW ACCIDENT OCCURRED N ↑ INDICATE NORTH BY ARROW 	
OFFICER / SUPERVISOR SIGNATURE <b>[Signature]</b>				