CR NUMBER ACCIDENT ACCIDEN	T DAY OF DAYLIGHT
21-16102 DATE 09-29-21 TIME	2126 WEEK WEO DAWN OR DUSK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) WEATHER	
805 E. Main St (Taco P	sell Lot) Clear
	ell Lot) Clear
VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOS
Hackathorn, Sapphire M. 05-15-03	Leach, Faith A. 03-01-01
ADDRESS NA ILLAGA DC	ADDRESS
CITY STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER
=andusky 04 44870	CITY, STATE, ZIP PHONE NUMBER WINT OH 44240 DRIVER'S LICENSE NUMBER
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE
VEHICLE OMBIETIC NAME	OH
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Hackathorn Johnny D.	VEHICLE OWNER'S NAME LAST FIRST MIDDLE
ADDRESS	ADDRESS Leach, Charles A.
2703 Mulberry Dr.	ADDRESS 5570 Revere Dr.
CITY, STATE ZIP PHONE NUMBER Sandusky OH 44870	CITY, STATE, ZIP PHONE NUMBER HINIARD OH 43026
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR
2012 Ford Fores Black	VEHICLE YEAR MAKE MODEL COLOR 2013 Hyundai Sonata Gray
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE
INSURANCE COMPANY	(2FP 3340 C)+
State Farm # (275651 F2635	INSURANCE COMPANY State Farm # 4011919 F2635F
PARTS OF FRONT CREAR CLEFT RIGHT	PARTS OF G FRONT G REAR VOLLEFT G RIGHT
VEHICLE DAMAGED SCICIPES	VEHICLE Side den-15
DESCRIBE HOW ACCIDENT OCCURRED	DAMAGED STORE CREATS
11012 D 106 CI 11 M	
Unit 2 was stapped in the drive Through line	
at 805 E. Main St (Taco Bell), Unit I was	
hadden (was	
backing out of a parking space and backed into	
cont 2.	
	SKETCH HOW ACCIDENT OCCURRED INDICATE
	* NOT TO SCALE NO NORTH BY
	ARROW
	805 E. May St.
	<u> </u>
/	
OFFICER (SURFRYINGS CONTINUED	
OFFICER/SUPERVISOR SIGNATURE ALL HUMANUM 216	<u>a</u>