


CR NUMBER <b>21-16126</b>	ACCIDENT DATE <b>09/30/21</b>	ACCIDENT TIME <b>1010</b>	DAY OF WEEK <b>THU</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>850 N MANTUA ST</b>			WEATHER <b>CLEAR</b>	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB <b>MCCAULEY MICHAEL E 07/03/69</b>	DRIVER LAST FIRST MIDDLE DOB <b>VARROWA JULIE A 04/22/77</b>			
ADDRESS <b>10935 PECK RD</b>	ADDRESS <b>7309 DIAGONAL RD</b>			
CITY, STATE, ZIP PHONE NUMBER <b>MANTUA OH 44255</b>	CITY, STATE, ZIP PHONE NUMBER <b>STREETS BOND OH 44241</b>			
DRIVER'S LICENSE NUMBER STATE <b>OH</b>	DRIVER'S LICENSE NUMBER STATE <b>OH</b>			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>SAME</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>SAME</b>			
ADDRESS	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR <b>06 FORD F150 WHT</b>	VEHICLE YEAR MAKE MODEL COLOR <b>16 CHEV TRAVELER BCK</b>			
LICENSE PLATE NUMBER STATE <b>GRD1451 OH</b>	LICENSE PLATE NUMBER STATE <b>JKH 9692 OH</b>			
INSURANCE COMPANY <b>PROGRESSIVE</b>	INSURANCE COMPANY <b>ALLSTATE</b>			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>BUMPER</b>	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED <b>UNIT 1 BACKED INTO UNIT 2.</b>				
OFFICER /SUPERVISOR SIGNATURE <b>PTL DARNAH #226</b> <i>W. H. ...</i>		SKETCH HOW ACCIDENT OCCURRED <b>850 N MANTUA</b>		INDICATE NORTH BY ARROW <b>A</b>
				
		<b>NOT TO SCALE</b>		