CR NUMBER ACCIDENT ACCIDENT DATE OF ALL 20 TIME	DAY OF DAYLIGHT WEEK
22-13332 DATE 08-11-22 TIME 1 LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LO	DARK
<b>i</b> '	
1343 S. Water St (Mr. Hero	Lot) Clear
VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB
ADDRESS	ADDRESS
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE
VEHICLE OWNER'S NAME LAST FIRST MIDDLE DOOTSEY Shirley B	VEHICLE OWNER'S NAME LAST FIRST MIDDLE
4DDRESS LAGION Pd	ADDRESS
CITY, STATE ZIP PHONE NUMBER Atwater OH 44201	CITY, STATE, ZIP PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR 2014 Cheviolet Sonic Gray	VEHICLE YEAR MAKE MODEL COLOR White
LICENSE PLATE NUMBER STATE /	LICENSE PLATE NUMBER STATE
INSURANCE COMPANY State Farm #22287995FP35	INSURANCE COMPANY
PARTS OF OF FRONT PAREAR SCHEET OF RIGHT VEHICLE DAMAGED  Dents/Scratches	PARTS OF DEFRONT DEFAR DEFT DEFICIENT DAMAGED
Describe HOW ACCIDENT OCCURRED  Unit I was parked at 1343 S. Water St. (Mr. Hero's Lot).	
Unit 2 was backing out of a space perpendicular to	
Unit I and Struck unit 1. Unit 2 then left the	
Scene and called vent PD from the number listed	
above stating there was an oxiderat with no damage sketch How accident occurred indicate	
and denied a propert. Unit	1343 NORTH BY
I then called to report their	S. Water St ARROW
which was damaged. On call back	
unit 2 did not ansered and	
are unable to be reached after	
Scretal attempts, officer/supervisor signature	
OFFICER /SUPERVISOR SIGNATURE / ALL # 22	N & Hot to