

OR NUMBER 22-11631	ACCIDENT DATE 07/12/22	ACCIDENT TIME 1124	DAY OF WEEK TUES	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 312 W MAIN ST			WEATHER CLEAR	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB HUBLEM SHANNON K 02/03/88	DRIVER LAST FIRST MIDDLE DOB GARY BRAWDY R 10/21/81			
ADDRESS 4025 BURTOW DR	ADDRESS 4374 CHERNYHURST DR			
CITY, STATE, ZIP PHONE NUMBER STOW OH 44224	CITY, STATE, ZIP PHONE NUMBER STOW OH 44224			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE HUBLER DAVID M	VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME			
ADDRESS SAME	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 19 FORD FIESTA BLU	VEHICLE YEAR MAKE MODEL COLOR 16 CHEV TRAVELER BLU			
LICENSE PLATE NUMBER STATE JAG 8923 OH	LICENSE PLATE NUMBER STATE HLX 8484 OH			
INSURANCE COMPANY PROGRESSIVE	INSURANCE COMPANY NATIONWIDE			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED UNITS 1+2 WERE BACKING OUT OF OPPOSITE PARKING SPACES AND BACKED INTO EACH OTHER.				
			SKETCH HOW ACCIDENT OCCURRED 312 W MAIN ST	
			INDICATE NORTH BY ARROW	
OFFICER /SUPERVISOR SIGNATURE PTL DARRAH #226 Whaley 283 NOT TO SCALE				