

CR NUMBER 20-14997	ACCIDENT DATE 09/16/20	ACCIDENT TIME 1039	DAY OF WEEK WED	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 527 E MAIN ST			WEATHER CLEAR	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB ELLSWORTH KIMBERLY A 12/06/76	DRIVER LAST FIRST MIDDLE DOB REISER JAIME L 10/09/98			
ADDRESS 2262 LEONARD ST	ADDRESS 345 S DEFEYER ST			
CITY, STATE, ZIP PHONE NUMBER NAUENNA OH 44266	CITY, STATE, ZIP PHONE NUMBER KEWT OH 44240			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE NJ			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME	VEHICLE OWNER'S NAME LAST FIRST MIDDLE REISER ADAM R			
ADDRESS	ADDRESS 7 WATERFORD DR			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER BORDENTOWN NJ 08505			
VEHICLE YEAR MAKE MODEL COLOR 16 FORD FUSION GRAY	VEHICLE YEAR MAKE MODEL COLOR 15 HONDA CIVIC GRAY			
LICENSE PLATE NUMBER STATE HR04078 OH	LICENSE PLATE NUMBER STATE C67KWT NJ			
INSURANCE COMPANY STATE FARM	INSURANCE COMPANY SELECTIVE AUTO			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT BUMPER	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT BUMPER			
DESCRIBE HOW ACCIDENT OCCURRED UNIT 1 STRUCK THE REAR BUMPER ON UNIT 2 WHILE BOTH WERE IN THE DRIVE THROUGH				
OFFICER /SUPERVISOR SIGNATURE PTL DANNA #226		SKETCH HOW ACCIDENT OCCURRED		INDICATE NORTH BY ARROW