

CR NUMBER <b>20-8184</b>	ACCIDENT DATE <b>05/21/2020</b>	ACCIDENT TIME <b>1515</b>	DAY OF WEEK <b>THURSDAY</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>307 W. MAIN ST</b>			WEATHER <b>CLEAR</b>	
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	
DRIVER'S LICENSE NUMBER		STATE		
DRIVER'S LICENSE NUMBER		STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>HARI, WENDELL L</b>		VEHICLE OWNER'S NAME LAST FIRST MIDDLE		
ADDRESS <b>10465 ST. RT 303</b>		ADDRESS		
CITY, STATE ZIP <b>WINNAM, OH 44288</b>	PHONE NUMBER		CITY, STATE, ZIP	
VEHICLE YEAR MAKE MODEL COLOR <b>2016 GREY FORD FOCUS</b>	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE <b>HOP2989 OH</b>	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY <b>CELENA INSURANCE GROUP</b>		INSURANCE COMPANY		
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
UNIT 1 WAS PARKED AT 307. W. MAIN ST. FOR AN APPOINTMENT. THE OWNER OF UNIT 1 NOTICED THAT THE FRONT RIGHT SIDE OF HIS VEHICLE HAD BEEN STRUCK WHEN HE PREPARED TO LEAVE. NO CONTACT INFORMATION WAS LEFT.				
		SKETCH HOW ACCIDENT OCCURRED 307. W. MAIN ST.		INDICATE NORTH BY ARROW 
OFFICER / SUPERVISOR SIGNATURE <b>D. CLARK #118 [Signature]</b>		W. MAIN ST.		