

CR NUMBER 20-2765	ACCIDENT DATE 2/7/20	ACCIDENT TIME 1617	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 605 E Main St.			WEATHER Snow	
VEHICLE NO. 1 Hit skip suspect		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB Barbosa, Zachary, Foster 12/15/97			
ADDRESS	ADDRESS 7599 Virginia Rd.			
CITY, STATE, ZIP	PHONE NUMBER		CITY, STATE, ZIP	PHONE NUMBER
DRIVER'S LICENSE NUMBER		STATE	DRIVER'S LICENSE NUMBER STATE OE 832536 OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same			
ADDRESS	ADDRESS			
CITY, STATE ZIP	PHONE NUMBER		CITY, STATE, ZIP	PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR 2016 Ford Fusion Gray			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE HSL6305 Ohio			
INSURANCE COMPANY	INSURANCE COMPANY Wayne Mutual			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	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

Unit 1 was backing out of a spot @ Burger King as Unit 2 pulled into the parking lot. Unit 2 stopped and honked their ~~hose~~ horn. Unit 1 continued to back striking Unit 2 by the front left tire. Unit 1 then fled the scene posthaste.

SKETCH HOW ACCIDENT OCCURRED



OFFICER/SUPERVISOR SIGNATURE

*[Handwritten Signature]* 2/3/20