

OR NUMBER 22-12764	ACCIDENT DATE 07/31/22	ACCIDENT TIME 0758	DAY OF WEEK SUN	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1205 E MAIN ST			WEATHER OK	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB DEVINE DAVID E 02/16/43	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 6347 CARA DR	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER LAKESIDE OH 44266	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAMR	VEHICLE OWNER'S NAME LAST FIRST MIDDLE SHEEHAN BRUCE			
ADDRESS	ADDRESS 903 E 14TH ST			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER AUSTIN TX 79702			
VEHICLE YEAR MAKE MODEL COLOR 17 HYUN ACCRUT WHT	VEHICLE YEAR MAKE MODEL COLOR 21 TOY HIGHLANDER WHT			
LICENSE PLATE NUMBER STATE 6LZ7640 OH	LICENSE PLATE NUMBER STATE NTY4861 TX			
INSURANCE COMPANY ERIE	INSURANCE COMPANY ALL STATE			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT BUMPER	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT BUMPER			
DESCRIBE HOW ACCIDENT OCCURRED UNIT 1 WAS BACKING INTO THE DRIVEWAY OF 1205 E MAIN ST OFF FRANCES ST AND BACKED INTO UNIT 2.				
OFFICER /SUPERVISOR SIGNATURE PTL DANAH #111 <i>Whale</i>		SKETCH HOW ACCIDENT OCCURRED		INDICATE NORTH BY ARROW
				1205 E MAIN ST
		NOT TO SCALE		