

City of Willowick, Ohio

Road Hazard Accident Report

RHA# _____

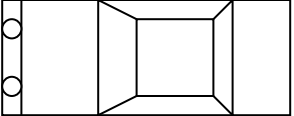
Issued by the Police Department

Date of Accident: _____ Time of Accident: _____ AM / PM

Address of Accident: _____

Business Name (if applicable) : _____

Accident Involved Chuckhole Excavation Barricade Debris Other -

Driver Name				License Plate		
Address				License State		
City, State, Zip				Vehicle Year	Color	
Date of Birth				Vehicle Make		
Drivers License #		Lic. State		Vehicle Model		
Telephone No.				<p>Circle Damaged Areas Below</p> <p>FRONT</p>  <p>Remarks and/or diagram below</p>		
Owner Name						
Address						
City, State, Zip						
Telephone No.						
Insurance Co.						

Use this section for a diagram, narrative, statement, or witness information