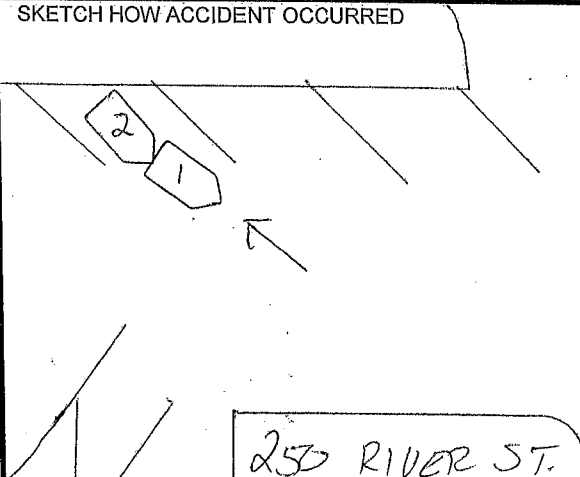



CR NUMBER 23-1803	ACCIDENT DATE 1-26-23	ACCIDENT TIME UNKNOWN	DAY OF WEEK THURS	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 250 RIVER ST. KENT, OH 44240			WEATHER UNKNOWN	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB HIT SKIP			DRIVER LAST FIRST MIDDLE DOB	
ADDRESS			ADDRESS	
CITY, STATE, ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER	
DRIVER'S LICENSE NUMBER STATE			DRIVER'S LICENSE NUMBER STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE			VEHICLE OWNER'S NAME LAST FIRST MIDDLE	
ADDRESS			STEHLE, DANIELLE BROOKE	
CITY, STATE ZIP PHONE NUMBER			ADDRESS 250 RIVER ST. APT C 8	
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER KENT, OH 44240	
VEHICLE YEAR MAKE MODEL COLOR			VEHICLE YEAR MAKE MODEL COLOR	
LICENSE PLATE NUMBER STATE			LICENSE PLATE NUMBER STATE	
INSURANCE COMPANY			INSURANCE COMPANY	
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" 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 type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	
DESCRIBE HOW ACCIDENT OCCURRED				
UNIT 2 WAS PARKED IN THE PARKING LOT OF 250 RIVER ST. UNIT 1, A HIT SKIP VEHICLE, BACKED INTO UNIT 2 AND DROVE OFF WITHOUT LEAVING ANY INFORMATION. TAIL LIGHT PIERCES FROM UNIT 1 WERE LEFT BEHIND. NO CAMERA FOOTAGE AVAILABLE				
OFFICER /SUPERVISOR SIGNATURE HUCKLAND #238			SKETCH HOW ACCIDENT OCCURRED 	
			INDIcate NORTH BY ARROW 	
			250 RIVER ST.	