10-160 DA	ATE 1-27-20/ TIME	
LOCATION OF ACCIDENT (S		
242 E. Coll	ese St Kent a	s# 44240
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 PHONE NUMBER
DRIVER'S LICENSE NUMBER	STATE	DRIVER'S LICENSE NUMBER STATE
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Lenzi, Christopher J		VEHICLE OWNER'S NAME LAST FIRST MIDDLE
ADDRESS 12 Dane Ci		ADDRESS
CITY, STATE ZIP	MA 01879	CITY, STATE, ZIP PHONE NUMBER
	MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR
LICENSE PLATE STATE MA		LICENSE PLATE NUMBER STATE
INSURANCE COMPANY Liberty Mutual		INSURANCE COMPANY
PARTS OF DEFRONT DE LE	REAR □ LEFT SPRIGHT	PARTS OF DEFRONT DEFARED LEFT DEFICIE DAMAGED
DESCRIBE HOW ACCIDENT OF		e dates + times listed above,
Unit #1		unoccupied in the parting lot
		St. Durring these times,
		Structe unit #1 causing
		front Right corner of iti
It is susper	ted that the	SKETCH HOW ACCIDENT OCCURRED NOTE TO SCALE NO THE BY AR JOW
Unknown vehice	cle was backing	15
out of one of the angled		242 E. Collse St
parting SPO+S.		
OFFICER /SUPERVISOR SIGN	1. hund #228	