



|   |   |   |                           |  |  |
|---|---|---|---------------------------|--|--|
| CR NUMBER<br><b>20-13508</b>  | ACCIDENT DATE<br><b>8-23-20</b>   | ACCIDENT TIME<br><b>2300</b>  | DAY OF WEEK<br><b>SUN</b> | <input type="checkbox"/> DAYLIGHT<br><input type="checkbox"/> DAWN OR DUSK<br><input checked="" type="checkbox"/> DARK |  |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)<br><b>603 Walter St.</b>   |   |   |                           | WEATHER<br><b>Clear</b>  |  |
| 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  | VEHICLE OWNER'S NAME LAST FIRST MIDDLE  |   |                           |  |  |
| ADDRESS<br><b>Young, Ashley L.</b>  | ADDRESS   |   |                           |  |  |
| ADDRESS<br><b>601 Walter St</b>   | ADDRESS   |   |                           |  |  |
| CITY, STATE ZIP PHONE NUMBER<br><b>Kent OH 44240</b>  | CITY, STATE, ZIP PHONE NUMBER   |   |                           |  |  |
| VEHICLE YEAR MAKE MODEL COLOR<br><b>2003 Chevrolet Trailblazer Gray</b>   | VEHICLE YEAR MAKE MODEL COLOR   |   |                           |  |  |
| LICENSE PLATE NUMBER STATE<br><b>5BZ3411 OH</b>   | LICENSE PLATE NUMBER STATE  |   |                           |  |  |
| INSURANCE COMPANY<br><b>Progressive #933355247</b>  | INSURANCE COMPANY   |   |                           |  |  |
| PARTS OF VEHICLE DAMAGED<br><input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT<br><b>Scratches &amp; tail light damage</b> | PARTS OF VEHICLE DAMAGED<br><input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT |   |                           |  |  |
| DESCRIBE HOW ACCIDENT OCCURRED<br><b>Unit 1 was parked in front of 603 Walter St. Unit 1 was damaged in the right rear sometime overnight between 8-23-20 and 8-24-20.</b>  |   |   |                           |  |  |
|   |   | SKETCH HOW ACCIDENT OCCURRED<br><b>603 Walter St.</b>   | INDICATE NORTH BY ARROW   |  |  |
|   |   |                    |                           |  |  |
| OFFICER /SUPERVISOR SIGNATURE<br><b>Pt. Hadaway 210 / [Signature] #132</b>  |   | <br>* Not to Scale |                           |  |  |