

CR NUMBER CR# 29856	ACCIDENT DATE 6-25-23	ACCIDENT TIME 1145	DAY OF WEEK SUN	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 301 S. DEPEYSTER ST.	WEATHER NO ADVERSE
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VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
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DRIVER LAST FIRST MIDDLE DOB WALKER, DAVID 8-8-92	DRIVER LAST FIRST MIDDLE DOB CITY OF KENT
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ADDRESS 301 S. DEPEYSTER ST.	ADDRESS 301 S. DEPEYSTER ST
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CITY, STATE, ZIP PHONE NUMBER KENT, OH 44240 330-673-7222	CITY, STATE, ZIP PHONE NUMBER KENT, OH 44240 330-678-8100
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DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE N/A
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VEHICLE OWNER'S NAME LAST FIRST MIDDLE CITY OF KENT	VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME
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ADDRESS 930 OVERHOLT RD	ADDRESS
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CITY, STATE ZIP PHONE NUMBER KENT, OH 44240 330-678-8100	CITY, STATE, ZIP PHONE NUMBER
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VEHICLE YEAR MAKE MODEL COLOR 2019 FORD EXPLORER SILVER	VEHICLE YEAR MAKE MODEL COLOR
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LICENSE PLATE NUMBER STATE CAR 2	LICENSE PLATE NUMBER STATE
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INSURANCE COMPANY LOVE INSURANCE U23PK680187-01	INSURANCE COMPANY
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PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT DAMAGE TO POLE
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DESCRIBE HOW ACCIDENT OCCURRED

UNIT 1 WAS BACKING UP IN THE PARKING LOT OF 301 S. DEPEYSTER ST. AND PARKED INTO A POLE.

OFFICER /SUPERVISOR SIGNATURE # AUCKLAND #238 / 243 / walker	SKETCH HOW ACCIDENT OCCURRED 	INDICATE NOT BY ARROW
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