


CR NUMBER 23-18058	ACCIDENT DATE 11-8-23	ACCIDENT TIME 1912	DAY OF WEEK WED	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1434 E. MAIN ST.	WEATHER No Adverse
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VEHICLE NO. 1	PERSON VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB WALTER, LUKAS BLAISE 7-14-00	DRIVER LAST FIRST MIDDLE DOB PATEL, HIRAL, BAKULBHAI 12-25-99
ADDRESS 446 DODGE ST	ADDRESS 216 DALE DR #102
CITY, STATE, ZIP PHONE NUMBER KENT, OH 44240	CITY, STATE, ZIP PHONE NUMBER KENT, OH 44240
DRIVER'S LIC/NSF NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME	VEHICLE OWNER'S NAME LAST FIRST MIDDLE
ADDRESS	ADDRESS
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR 2015 BMW 328i BLUE	VEHICLE YEAR MAKE MODEL COLOR
LICENSE PLATE NUMBER STATE KEF6270 OH	LICENSE PLATE NUMBER STATE
INSURANCE COMPANY American Family #41097-00848-93	INSURANCE COMPANY
PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED None	PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED

DESCRIBE HOW ACCIDENT OCCURRED
Unit 1 was backing from W/B in the parking lot of 1434 E. Main St to SE. Unit 1 struck a pedestrian walking N/B in the same parking lot.

OFFICER/SUPERVISOR SIGNATURE <i>Det. Fuller #721</i>	SKETCH HOW ACCIDENT OCCURRED NOT TO SCALE	INDICATE NORTH BY ARROW 
	BP 1434 E. MAIN ST	