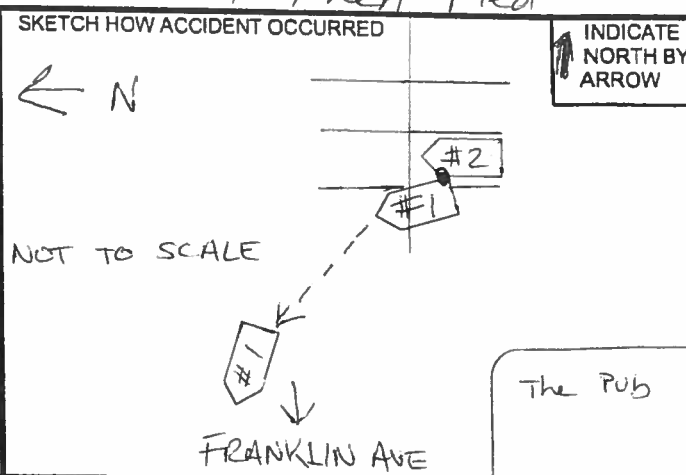


CR NUMBER 21-16957	ACCIDENT DATE 10-11-21	ACCIDENT TIME 2224	DAY OF WEEK MON	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) The Pub 401 Franklin Ave.			WEATHER Cloudy	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB NONE			
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 DILL, Mary			
ADDRESS	ADDRESS 411 Harris St.			
CITY, STATE ZIP	PHONE NUMBER	CITY, STATE, ZIP Kent, OH 44240		PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR 2019 Chevy Equinox Maroon			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE ETM6481 OH			
INSURANCE COMPANY	INSURANCE COMPANY Grange Insurance			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Dent front left quarter panel			

DESCRIBE HOW ACCIDENT OCCURRED

Unit # 1 was involved in an altercation with another vehicle. Unit # 1 accelerated rapidly in reverse striking unit # 2, which was parked unoccupied. Unit # 1 then fled the scene. Unit # 2 was not involved in the altercation. Unit # 1 struck Unit # 2 while trying to rapidly leave.



OFFICER / SUPERVISOR SIGNATURE
Noch # 257 *[Signature]*