

CR NUMBER <b>21-16103</b>	ACCIDENT DATE <b>9-29-21</b>	ACCIDENT TIME <b>1400</b>	DAY OF WEEK <b>WED</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>959 S. LINCOLN ST</b>			WEATHER <b>NO ADVERSE</b>	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB <b>UNKNOWN</b>	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS		ADDRESS		
CITY, STATE, ZIP	PHONE NUMBER		CITY, STATE, ZIP	
DRIVER'S LICENSE NUMBER		DRIVER'S LICENSE NUMBER		
STATE		STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>UNKNOWN</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>CARTER, KENDALL ELIZABETH</b>			
ADDRESS		ADDRESS <b>959 S. LINCOLN ST.</b>		
CITY, STATE ZIP	PHONE NUMBER		CITY, STATE, ZIP	
VEHICLE YEAR MAKE MODEL COLOR <b>2019 ACURA ILX WHITE</b>		VEHICLE YEAR MAKE MODEL COLOR <b>2019 ACURA ILX WHITE</b>		
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE <b>HVK 7818 OH</b>			
INSURANCE COMPANY <b>UNKNOWN</b>		INSURANCE COMPANY <b>PROGRESSIVE #932264885</b>		
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 checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED <b>Unit 2 was parked unoccupied in front of 959 S. Lincoln St. Unit 2 was struck by a unknown Unit 1. Unit 1 was not on scene when the owner of Unit 2 found the damage. There are no suspects at this time.</b>				
			SKETCH HOW ACCIDENT OCCURRED NOT TO SCALE  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">                     959 S. LINCOLN ST                 </div> <div style="text-align: center; margin-top: 10px;"> </div>	
OFFICER/SUPERVISOR SIGNATURE <b>PEL. Fuller #221 / Lt. MMA # 228</b>			INDICATE NORTH BY ARROW 	