
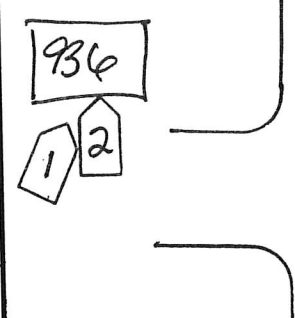


CR NUMBER <b>24-12689</b>	ACCIDENT DATE <b>8/28/24</b>	ACCIDENT TIME <b>1059</b>	DAY OF WEEK <b>WED</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>936 Morris Rd Kent, Ohio</b>				WEATHER <b>Cloudy</b>
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB <b>UNK</b>	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 <b>UNK.</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Hennon, Maureen, R</b>			
ADDRESS	ADDRESS <b>3149 Castle West Cir NW</b>			
CITY, STATE ZIP	PHONE NUMBER	CITY, STATE, ZIP <b>Massillon, Ohio 44647</b>	PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR <b>2008 Hyundai Blue</b>			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE <b>JTT 4868 Ohio</b>			
INSURANCE COMPANY	INSURANCE COMPANY <b>FRIE INS</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 type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
<p>Unit #2 was parked in front of 936 Morris Rd on 8/26/24. Today 8/28/24 When the P/R returned to her car there was damage along the drivers side Rear door. Appeared to be paint transfer.</p>				
OFFICER/SUPERVISOR SIGNATURE <b>Sgt. [Signature] 255</b>		SKETCH HOW ACCIDENT OCCURRED		INDICATE NORTH BY ARROW 
				MORRIS RD  Approx & NOT TO Scale