

OR NUMBER 22-7163	ACCIDENT DATE 05/06/22 1643	ACCIDENT TIME ←	DAY OF WEEK FRI	<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) 429 E. Main St (Chipotle parking lot)	WEATHER Rain/cloudy
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VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB Alababneh, Rayyan N.I. 02-08-05	DRIVER LAST FIRST MIDDLE DOB
ADDRESS 3755 Cascades Blvd #103	ADDRESS
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240	CITY, STATE, ZIP PHONE NUMBER
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Alababneh, Nader	VEHICLE OWNER'S NAME LAST FIRST MIDDLE
ADDRESS 3755 Cascades Blvd #103	ADDRESS
CITY, STATE ZIP PHONE NUMBER Kent OH 44240	CITY, STATE, ZIP PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR 2020 Kia Sorento Grey	VEHICLE YEAR MAKE MODEL COLOR
LICENSE PLATE NUMBER STATE N854360 OH	LICENSE PLATE NUMBER STATE
INSURANCE COMPANY Shelter Ins. Co #341107940683	INSURANCE COMPANY
PARTS OF VEHICLE DAMAGED <input checked="" 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 type="checkbox"/> LEFT <input type="checkbox"/> RIGHT

DESCRIBE HOW ACCIDENT OCCURRED
Unit 1 was driving northbound through the parking lot at 429 E. Main St. and struck a light pole.

OFFICER/SUPERVISOR SIGNATURE #116 / #214	<p>SKETCH HOW ACCIDENT OCCURRED</p>
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