

CR NUMBER <b>22-8327</b>	ACCIDENT DATE <b>5-23-22</b>	ACCIDENT TIME <b>1600-1900</b>	DAY OF WEEK <b>MON</b>	<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) <b>980 S. LINCOLN ST</b>	WEATHER <b>NO ADVERSE</b>
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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>ROSZKOWSKI, JON MICHAEL</b>
ADDRESS	ADDRESS <b>3604 ADALINE DR</b>
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER <b>STOW, OH 44224</b>
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR <b>2004 TOYOTA RAV4 WHITE</b>
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE <b>HLF1787 OH</b>
INSURANCE COMPANY	INSURANCE COMPANY <b>GRANGE #4574546</b>
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>UNK</b>	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT

DESCRIBE HOW ACCIDENT OCCURRED  
*Unit 2 was parked unoccupied near 980 S. Lincoln St. during the listed hours. Investigation determined another vehicle fire caused the minor damage. There are no suspect vehicles at this time.*

	SKETCH HOW ACCIDENT OCCURRED <b>NOT TO SCALE</b>	INDICATE NORTH BY ARROW ↑

OFFICER/SUPERVISOR SIGNATURE  
*Det. Sullivan #221 / [Signature] #228*