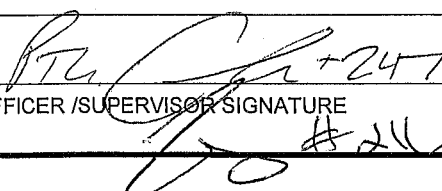
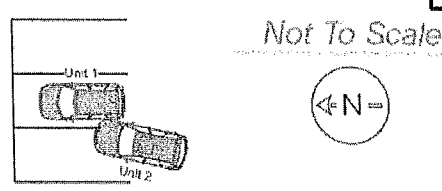


CR NUMBER 24-949	ACCIDENT DATE 1-22-24	ACCIDENT TIME 1723	DAY OF WEEK Monday	X DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 609 S Lincoln St Building A Kent OH 44240				WEATHER Fair
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB Kaschak Addison Mickie 06/19/2003			
ADDRESS	ADDRESS 609 S Lincoln St A203			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240			
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Luangrath Daralay Pok			
ADDRESS	ADDRESS 1905 Meadow Ln			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Orrville, OH 44667			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR 2016 LEXS 350 ES Blue			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE KFY1200 OH			
INSURANCE COMPANY	INSURANCE COMPANY Progressive 936177678			
PARTS OF VEHICLE DAMAGED	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				
Unit #1 was parked and unoccupied. Unit #2 was backing out of a parking spot and struck Unit #1.				
OFFICER /SUPERVISOR SIGNATURE 				INDICATE NORTH BY
609 A				<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SKETCH HOW ACCIDENT OCCURRED  </div> <p style="text-align: center; margin-top: 10px;">Not To Scale</p> <p style="text-align: center; margin-top: 10px;">← N →</p> <p style="text-align: center; margin-top: 10px;">31 Lincoln St</p> <p style="text-align: right; margin-top: 10px;">ARROW</p>