

CR NUMBER 24-7015	ACCIDENT DATE 5/16/24	ACCIDENT TIME 2030-0300	DAY OF WEEK FRI/SAT	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 295 S. Water St. Kent, Ohio 44240				WEATHER Night Cloudy
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB unknown	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 unknown	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Hicks, Matthew, D			
ADDRESS	ADDRESS 40 Ambrose Dr.			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Hudson, Oh 44236			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR 2013 BMW 500 Series white			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE QST 8214			
INSURANCE COMPANY	INSURANCE COMPANY STATE FARM			
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 type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT From Front Bumper to rear bumper.			
DESCRIBE HOW ACCIDENT OCCURRED				
unit #1 was parked in a parking lot during the listed hours. unit #2 advised an unknown vehicle struck the entire passenger side of Unit #2. No note was left.				
			SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW
			unknown, vehicle moved.	
OFFICER /SUPERVISOR SIGNATURE Sgt. Pennell #255				