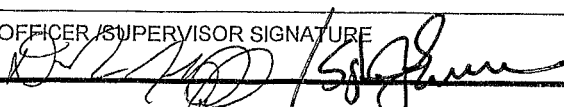
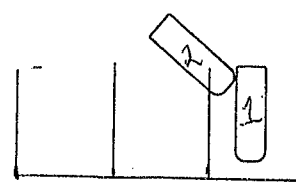


CR NUMBER 23-10668	ACCIDENT DATE 7/8/23	ACCIDENT TIME 1500	DAY OF WEEK Saturday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) Muni Lot 5			WEATHER Cloudy	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Unoccupied			DRIVER LAST FIRST MIDDLE DOB UnKnown	
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 Schaffer Scott David			VEHICLE OWNER'S NAME LAST FIRST MIDDLE	
ADDRESS 8136 Sapphire Ave NE			ADDRESS	
CITY, STATE ZIP PHONE NUMBER Canton OH 44721			CITY, STATE, ZIP PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR 2021 Toyota Tacoma Gray			VEHICLE YEAR MAKE MODEL COLOR	
LICENSE PLATE NUMBER STATE JHA 1145 OH			LICENSE PLATE NUMBER STATE	
INSURANCE COMPANY State Farm 2164622-SFP35			INSURANCE COMPANY	
PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT VEHICLE DAMAGED Right Rear Fender			PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED	
DESCRIBE HOW ACCIDENT OCCURRED Unit 1 was parked and unoccupied in a parking space. It was struck by an unknown vehicle that left the scene. The accident caused rear right fender damage to unit 1.				
OFFICER / SUPERVISOR SIGNATURE 			SKETCH HOW ACCIDENT OCCURRED Not to Scale 	
			INDICATE NORTH BY ARROW 