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| CR NUMBER 23-10133 | ACCIDENT DATE 6-30-23 | ACCIDENT TIME 1342 | DAY OF WEEK FRI | <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 360 E. SUMMIT ST. | | | WEATHER NO ADVERSE | |
| VEHICLE NO. 1 | | VEHICLE NO. 2 (OR PROPERTY DAMAGED) | | |
| DRIVER LAST FIRST MIDDLE DOB BAMBECK, GREGORY S. 3-27-50 | DRIVER LAST FIRST MIDDLE DOB | | | |
| ADDRESS 360 E. SUMMIT ST APT 507 | ADDRESS | | | |
| CITY, STATE, ZIP KENT, OH 44240 | PHONE NUMBER | CITY, STATE, ZIP | | PHONE NUMBER |
| DRIVER'S LICENSE NUMBER | STATE OH | DRIVER'S LICENSE NUMBER | | STATE |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME | VEHICLE OWNER'S NAME LAST FIRST MIDDLE FAMILY AND COMMUNITY SERVICES | | | |
| ADDRESS | ADDRESS 705 OAKWOOD ST STE 221 | | | |
| CITY, STATE ZIP | PHONE NUMBER | CITY, STATE, ZIP RAVENNA, OH 44266 | | PHONE NUMBER |
| VEHICLE YEAR MAKE MODEL COLOR 2004 CHRYSLER PT CRUISER WHITE | VEHICLE YEAR MAKE MODEL COLOR TRAILER BLACK | | | |
| LICENSE PLATE NUMBER STATE GMA 2360 OH | LICENSE PLATE NUMBER STATE TTE 3074 OH | | | |
| INSURANCE COMPANY PROGRESSIVE / 905 484 807 | INSURANCE COMPANY | | | |
| PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT | PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT | | | |
| DESCRIBE HOW ACCIDENT OCCURRED | | | | |
| <p>UNIT 2 (A PARKED TRAILER) WAS PARKED IN THE PARKING LOT OF 360 E. SUMMIT ST. (KENTWAY) UNIT 1 SPILLED INTO UNIT 2.</p> | | | | |
| OFFICER /SUPERVISOR SIGNATURE ACKLAND #238 / Lt. # 228 | | SKETCH HOW ACCIDENT OCCURRED <div style="float: right; border: 1px solid black; padding: 2px; font-size: small;"> INDICATE NORTH BY ARROW </div> | | |
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360 E. SUMMIT ST