CR NUMBER ACCIDENT DATE 5-7-22	ACCIDEN TIME	T 600	DAY OF WEEK	AT	∕a) DAYLIGHT □ DAWN OR DUSK □ DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) WEATHER					
1624 Olympus Dr. Kent, Of		1 44240	)	No	adverse
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)			
DRIVER LAST FIRST MIDDLE DOB		DRIVER LAST FIRST MIDDLE DOB			
ADDRESS		ADDRESS			
CITY, STATE, ZIP PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STAT	E	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDD	LE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE EAN Holdings LLC			
ADDRESS		ADDRESS 1050 N Lumbard Rd-			
CITY, STATE ZIP PHONE NUMBER		CITY, STATE, ZII Lombar	Þ		PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLO	DR		EAR M	AKE Vota	MODEL COLOR RAVY Blue
LICENSE PLATE NUMBER STATE LICENSE PLATE NUMBER STATE FP150068 IL					
INSURANCE COMPANY	INSURANCE COMPANY Family Ins.				
PARTS OF DEFRONT DEFT DEFT DEFT DEFT DEFT DEFT DEFT DEF	PARTS OF A FRONT OREAR OF LEFT ORIGHT VEHICLE DAMAGED				
DESCRIBE HOW ACCIDENT OCCURRED					
Unit 2 was parked in the yard and was struck by an					
Unit 2 was parked in the yard and was struck by an unknown vehicle. No paint transfer on Unit 2, no cameras					
in the area. Unit 2 was being rented by the following					
Karen C. Wright 04/09/57  SKETCH HOW ACCIDENT OCCURRED INDICATE					
	_	SKETCH HOW	' ACCIDENT	OCCURRE	INDICATE NORTH BY ARROW
		-	P. 1	1	$N \square$
·	10. NA. AVE.		2	* POI	
		1660			1624
OFFICER /SUPERVISOR SIGNATURE	1 232	Olympus Dr.			Dr.
E 2 233 HAY	W			er commence and an end of the second	