

CR NUMBER 23-3967	ACCIDENT DATE 3-12-23	ACCIDENT TIME 22:51	DAY OF WEEK Sun	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1494 Stratford Dr Kent OH 44240			WEATHER	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Ragupathi, Venkata S. 5-26-99			DRIVER LAST FIRST MIDDLE DOB Mail box	
ADDRESS 2033 Hastings Dr			ADDRESS	
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240			CITY, STATE, ZIP PHONE NUMBER	
DRIVER'S LICENSE NUMBER STATE OH			DRIVER'S LICENSE NUMBER STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Maedli, Vincent G.			VEHICLE OWNER'S NAME LAST FIRST MIDDLE Genesis Kent	
ADDRESS 2033 Hastings Dr			ADDRESS 1494 Stratford Dr	
CITY, STATE ZIP PHONE NUMBER Kent OH 44240			CITY, STATE, ZIP PHONE NUMBER Kent OH 44240 3305748107	
VEHICLE YEAR MAKE MODEL COLOR 2008 Nissan Altima grey			VEHICLE YEAR MAKE MODEL COLOR	
LICENSE PLATE NUMBER STATE 274P1867 OH			LICENSE PLATE NUMBER STATE	
INSURANCE COMPANY Liberty Mutual AOV28172037775			INSURANCE COMPANY	
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input 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 type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	
DESCRIBE HOW ACCIDENT OCCURRED On this date unit #1 was traveling W/B On Stratford Dr & swerved to the right and struck the mail boxes.				
OFFICER/SUPERVISOR SIGNATURE Brooks 215 <i>[Signature]</i>			SKETCH HOW ACCIDENT OCCURRED	
INDICATE NORTH BY ARROW 				