

CR NUMBER <i>24-10860</i>	ACCIDENT DATE <i>7-24-24</i>	ACCIDENT TIME <i>2000</i>	DAY OF WEEK <i>Wed</i>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <i>425 CHERRY ST Kent OH 44240</i>			WEATHER <i>FAIR</i>	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB <i>UNKNOWN</i>			
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	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <i>UNKNOWN</i>			
ADDRESS	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED	PARTS OF VEHICLE DAMAGED			
DESCRIBE HOW ACCIDENT OCCURRED				
<i>UNIT #1 WAS PARKED AND UNOCCUPIED. UNIT #2 WAS BACKING UP AND STRUCK UNIT #1, UNIT #2 LEFT THE SCENE</i>				
OFFICER/SUPERVISOR SIGNATURE <i>[Signature]</i> <i>228</i>		SKETCH HOW ACCIDENT OCCURRED		
		INDICATE NORTH BY ARROW		
		NOT TO SCALE		
		CHERRY ST		