

CR NUMBER 22-7844	ACCIDENT DATE 5-14-22/5-16-22	ACCIDENT TIME 2030 - 0745	DAY OF WEEK SAT-MON	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK UNKNOWN
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) Rear parking lot of 901 Simon Ln./1214 Anita Dr			WEATHER UNKNOWN	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB UNKNOWN	DRIVER LAST FIRST MIDDLE DOB			
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 UNKNOWN	VEHICLE OWNER'S NAME LAST FIRST MIDDLE BENNETT, CARLA RENEE			
ADDRESS	ADDRESS 901 SIMON LN #303			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER KENT, OH 44240			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR 2011 TOYOTA CAMRY SILVER			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE GHX 7196 OH			
INSURANCE COMPANY	INSURANCE COMPANY ERIE #Q017106948			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
			SKETCH HOW ACCIDENT OCCURRED NOT TO SCALE 1214 ANITA DR	INDICATE NORTH BY ARROW
OFFICER /SUPERVISOR SIGNATURE Pt. #2211 [Signature]				