

CR NUMBER <b>23-18469</b>	ACCIDENT DATE <b>11/16/23</b>	ACCIDENT TIME <b>19:00</b>	DAY OF WEEK <b>Thur</b>	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>1416 S. Water St. Kent OH, 44240</b>			WEATHER <b>Clear</b>	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB <b>Unoccupied</b>			DRIVER LAST FIRST MIDDLE DOB <b>Unknown</b>	
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 <b>Reckart Devin Eugene</b>			VEHICLE OWNER'S NAME LAST FIRST MIDDLE	
ADDRESS <b>1160 Morris Rd #9</b>			ADDRESS	
CITY, STATE ZIP PHONE NUMBER <b>Kent OH 44240</b>			CITY, STATE, ZIP PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR <b>2023 Volkswagen Tiguan White</b>			VEHICLE YEAR MAKE MODEL COLOR	
LICENSE PLATE NUMBER STATE <b>9632LV OH</b>			LICENSE PLATE NUMBER STATE	
INSURANCE COMPANY <b>USAA 045431631 7105</b>			INSURANCE COMPANY	
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input 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 <b>Unit 1 was parked and unoccupied in front of 1416 S. Water St. Unit 1's driver side passenger door was struck by an unknown vehicle that left the scene. The unknown vehicle opened their door and struck unit 1.</b>				
OFFICER/SUPERVISOR SIGNATURE <b>[Signature] Lt. [Name] #228</b>			SKETCH HOW ACCIDENT OCCURRED	
			INDICATE NORTH BY ARROW <b>↑</b> Not to Scale <b>S. Water St.</b>	