| CR NUMBER | ACCIDENT DATE O9-23-23 | ACCIDEN TIME | | DAY OF WEEK | | □ DAYLIGHT Æ DAWN OR DU | JSK | |
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| | T (STREET NUMBER OR (| | 701 CATION DESCR | | WEATHER | DARK | | |
| _ | Dr Kent ol | | | , | 01 | ear /Sun | | |
| | | | | | | To Fall of the Kapita | | |
| VEHICLE NO. 1 | | | VEHICLE NO. 2 | 4.4%。於·漢伊斯基 | | | | |
| DRIVER LAST FIR | st MIDDLE DOI | | DRIVER LAS | il FIR | SI WII | DDLE DOB | | |
| ADDRESS | 101 Lg4 ~C | | ADDRESS | | | | | |
| CITY, STATE, ZIP PHONE NUMBER Kent OH 44240 | | | CITY, STATE, ZIP PHONE NUMBER | | | | | |
| DRIVER'S LICENSE NUMBE | ER STA | ATE H | DRIVER'S LICENSE NUMBER STATE | | | | | |
| VEHICLE OWNER'S NAME | LAST FIRST MIL | DDLE | VEHICLE OWN | ER'S NAME | LAST | FIRST MIDDLE | .\; | |
| ADDRESS 112 Esse | * Crr A | | ADDRESS 216 Dal | e Dr 1 | 4p + 102 | | | |
| CITY, STATE ZIP Guildenland | PHONE NUMB MY 12084 しゃ | ER K | CITY, STATE, Z | (IP (14) 446 | 140 | PHONE NUMBER | | |
| | | | VEHICLE ` | YEAR N | MAKE | MODEL COLOF | <u> </u> | |
| | NUMBER STATE LE 7030 OH | 71004 | LICENSE PLAT | E I | NUMBER | STATE | | |
| INSURANCE COMPANY Guico 6060166755 | | | INSURANCE COMPANY Progressive 964196745 | | | | | |
| PARTS OF ☆ FRONT □ REAR Æ LEFT ἀXRÌGHT VEHICLE DAMAGED | | | PARTS OF □ FRONT 対 REAR 対 LEFT 対 RIGHT VEHICLE DAMAGED | | | | | |
| DESCRIBE HOW ACCIDEN | IT OCCURRED | an and the second | DAWAGED | WARRIED - 1, 4 ACC - 1, 10 ACC | | | | |
| Unit | was travelin | e at | a h | iah v | rate c | of speed | | |
| Unit I was traveling at a high rate of speed Southbound on dale Dr. The driver lost control | | | | | | | ر \ | |
| and struck unils 2 ? 3. This caused those units | | | | | | | | |
| to strike | - Units 41 | 5. T | he dr | iver | W68 (| arrested | | |
| for OVI. | | | SKETCH HC | W ACCIDEN | V OCCURRE | والمساور والمنافقة والمساور والمنافقة والمساور والمنافقة والمساور والمنافقة والمساور والمنافقة والمساور والمناف | INDICATE NORTH BY | |
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| OFFICER ISUPERVISOR | SIGNATURE /, / | tt. o | | P | | | | |
| Charl C | SIGNATURE 4222/U/W | M . 528 | | | | ىد | OT TO SCALE | |

| 23-15336 | ACCIDENT DATE 09-23-23 | ACCIDENT TIME | T 2701 | DAY OF WEEK S | ۸۳- | □ DAYLIGHT □ DAYLIGHT | USK |
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| VEHICLE NO, 1 3 | | | VEHICLE NO. 2 | OR PROPE | RTY DAMA | GED) | |
| DRIVER LAST FIF | RST MIDDLE DO | B . | DRIVER LAS | ST FIR | N TE | MIDDLE DOB | |
| ADDRESS | | | ADDRESS | | | | |
| CITY, STATE, ZIP | PHONE NUMBER | R | CITY, STATE, Z | IP | F | PHONE NUMBER | |
| DRIVER'S LICENSE NUMB | ER ST | ATE | DRIVER'S LICE | NSE NUMBE | ER | STATE | |
| VEHICLE OWNER'S NAME | LAST FIRST MI | DDLE ed | VEHICLE OWN | | | FIRST MIDDL Morgon C | |
| ADDRESS | e Or Apt 302 | | ADDRESS | | | 12pt 30 | |
| CITY STATE ZIP Kent OH | PHONE NUME | BER | CITY, STATE, Z | OH L | | PHONE NUMBER | 1 |
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| LICENSE PLATE 以及 | NUMBER STATE | | LICENSE PLAT | E I | NUMBER DY94 | STATE O IH | |
| INSURANCE COMPANY | | | INSURANCE C State for | OMPANY | | ·P35 | |
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| DESCRIBE HOW ACCIDEN | | page | | | | ************************************** | |
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| 216 Dale | Dr. Kent C | hio 4 | 14240 | | <u>C</u> | 1ear | |
| VEHICLE NO. 15 | | | VEHICLE NO. 2 | OR PROPE | RTY DAMAG | SED) | |
| DRIVER LAST FIR | ST MIDDLE DOE | } | DRIVER LAS | T FIRS | ST M | IIDDLE | DOB |
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