


CR NUMBER 24-168	ACCIDENT DATE 01/04/24	ACCIDENT TIME 1828	DAY OF WEEK THURSDAY	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
---------------------	---------------------------	-----------------------	-------------------------	--

LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1600 S. Water St. KENT, OH 44240 (MARCS)	WEATHER No adverse
--	-----------------------

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST HUDSON	FIRST AMARI	MIDDLE	DOB 09/04/2015		DRIVER LAST	FIRST	MIDDLE	DOB	
ADDRESS 1693 Athena Dr					ADDRESS				
CITY, STATE, ZIP KENT OH 44240			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
DRIVER'S LICENSE NUMBER None			STATE		DRIVER'S LICENSE NUMBER			STATE	
VEHICLE OWNER'S NAME LAST HUDSON		FIRST MARK	MIDDLE SEAN		VEHICLE OWNER'S NAME LAST		FIRST	MIDDLE	
ADDRESS 1693 Athena Dr.					ADDRESS				
CITY, STATE, ZIP KENT OH 44240			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
VEHICLE 2017	YEAR	MAKE CHEVY	MODEL TRAVERSE	COLOR OLK.	VEHICLE	YEAR	MAKE	MODEL	COLOR
LICENSE PLATE R 509255		NUMBER OH	STATE		LICENSE PLATE		NUMBER	STATE	
INSURANCE COMPANY ROOT INSURANCE					INSURANCE COMPANY				
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" 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

UNIT 1 DROVE SOUTHBOUND DRIVING THROUGH A PARKING SPOT STRIKING A CART CORRAL, THE VEHICLE SHIFTED OUT OF GEAR AND AMARI ATTEMPTED TO PUT IT IN PARK.

OFFICER/SUPERVISOR SIGNATURE Ofc Reseker #210 / Lt. Anna #228	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW  S. Water St. Not to scale
	1600 S. Water St. 