

CR NUMBER 23-3139	ACCIDENT DATE 2/26-2/27	ACCIDENT TIME 7:30pm-7:30am	DAY OF WEEK Sun/Mon	<input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1342 Stratford Dr. Kent, OH				WEATHER cloudy/Rain
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB unoccupied	DRIVER LAST FIRST MIDDLE DOB unknown			
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 Dugan, Craig Tyler			VEHICLE OWNER'S NAME LAST FIRST MIDDLE unknown	
ADDRESS 1342 Stratford Dr.			ADDRESS	
CITY, STATE ZIP Kent, OH 44240		PHONE NUMBER		
CITY, STATE ZIP Kent, OH 44240		PHONE NUMBER		
VEHICLE YEAR MAKE MODEL COLOR 2011 Subaru Legacy Blue	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE 3XK3248 OH	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY State farm 3198316-SFP-35			INSURANCE COMPANY	
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input 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				
<p>Unit One stated the he parked his vehicle in front of his apartment on 2/26 around 7:30pm. Unit One continued that he went to leave today at 7:30am for work and noticed a scratch on the rear right corner of the vehicle. Unit One had very minimal damage. I could not determine another vehicle involved.</p>				
SKETCH HOW ACCIDENT OCCURRED 				INDICATE NORTH BY ARROW North ↑ not to scale
OFFICER/SUPERVISOR SIGNATURE [Signature] 254/14-3				