

CR NUMBER <b>23-9205</b>	ACCIDENT DATE <b>6/14</b>	ACCIDENT TIME <b>17:40</b>	DAY OF WEEK <b>wed</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>1435 E Main St Kent OH 44240</b>			WEATHER <b>Sunny</b>	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB <b>Alderson, Charles, Adam 4/16/81</b>	DRIVER LAST FIRST MIDDLE DOB <b>Duan, Meiling 12/31/88</b>			
ADDRESS <b>2598 Jefferson PL Unit C</b>	ADDRESS <b>556 Overlook Dr</b>			
CITY, STATE, ZIP PHONE NUMBER <b>Stow, OH, 44224</b>	CITY, STATE, ZIP PHONE NUMBER <b>Kent, OH, 44240</b>			
DRIVER'S LICENSE NUMBER STATE <b>OH</b>	DRIVER'S LICENSE NUMBER STATE <b>NY</b>			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Alderson, Patti, Rae</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS <b>SAME</b>	ADDRESS			
CITY, STATE ZIP PHONE NUMBER <b>SAME</b>	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR <b>2021 Hyundai Sonata WHI</b>	VEHICLE YEAR MAKE MODEL COLOR <b>Bike Avalon BLK/whi</b>			
LICENSE PLATE NUMBER STATE <b>SK28586 OH</b>	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY <b>State Farm // 2535043-SFP-35</b>	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>Minor damage</b>	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>No Damage</b>			
DESCRIBE HOW ACCIDENT OCCURRED				
Unit 1 was pulling out of 1435 E Main St, Kent OH 44240. Unit 2 was traveling eastbound on the sidewalk on her bike. Unit 1 struck Unit 2 on the sidewalk causing damage to Unit 2.				
		SKETCH HOW ACCIDENT OCCURRED 		INDICATE NORTH BY ARROW
OFFICER / SUPERVISOR SIGNATURE <b>[Signature] #235</b>		Pvt. [Signature] #221		