

CR NUMBER 23-756	ACCIDENT DATE 1/15/23	ACCIDENT TIME 2025	DAY OF WEEK Sunday	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 407 E Main St Kent OH 44240			WEATHER fair	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Unknown			DRIVER LAST FIRST MIDDLE DOB Shail Colton Scott 10/15/99	
ADDRESS			ADDRESS 120 E School St	
CITY, STATE, ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER Kent OH 44240	
DRIVER'S LICENSE NUMBER STATE			DRIVER'S LICENSE NUMBER STATE IN	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Unknown			VEHICLE OWNER'S NAME LAST FIRST MIDDLE Shail Colton Scott	
ADDRESS			ADDRESS 120 E School St	
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER Kent OH 44240	
VEHICLE YEAR MAKE MODEL COLOR Honda BLK			VEHICLE YEAR MAKE MODEL COLOR 2014 Mercedes E 350 WHT	
LICENSE PLATE NUMBER STATE			LICENSE PLATE NUMBER STATE Q073898 OH	
INSURANCE COMPANY			INSURANCE COMPANY Statefarm 373 5729-828-111E	
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Minor	
DESCRIBE HOW ACCIDENT OCCURRED				
Unit 1 backed into Unit 2 in the parking lot of 407 E Main St. Unit 2 had minor damage to Driver side rear. Unit 1 left without exchanging information westbound toward N Willow St.				
OFFICER / SUPERVISOR SIGNATURE <i>[Signature]</i> #235			SKETCH HOW ACCIDENT OCCURRED 407 E Main St 	
			INDICATE NORTH BY ARROW ↑ N	