

CR NUMBER 2-13627	ACCIDENT DATE 8-22-11	ACCIDENT TIME 1802	DAY OF WEEK SUN	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 541 S WATER ST KENT, OH			WEATHER FAIR	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB ISBELL DENISE L 9-29-56	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 398 E SUMMIT ST A	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Werner Mary F			
ADDRESS	ADDRESS 541 S WATER ST			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Kent OH 44240			
VEHICLE YEAR MAKE MODEL COLOR 05 Jeep Liberty BLU	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE 61V6576 OH	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY SAFE AUTO OH01507687A-8	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input 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 1 WAS LEAVING THE DRIVE THRU AND STRUCK THE NORTHWEST CORNER OF THE BUILDING CAUSING DAMAGE. SHE LEFT THE SCENE WITHOUT LEAVING ANY INFORMATION.</p>				
OFFICER/SUPERVISOR SIGNATURE [Signature]		SKETCH HOW ACCIDENT OCCURRED		INDICATE NORTH BY ARROW
				NOT TO SCALE
		S WATER		