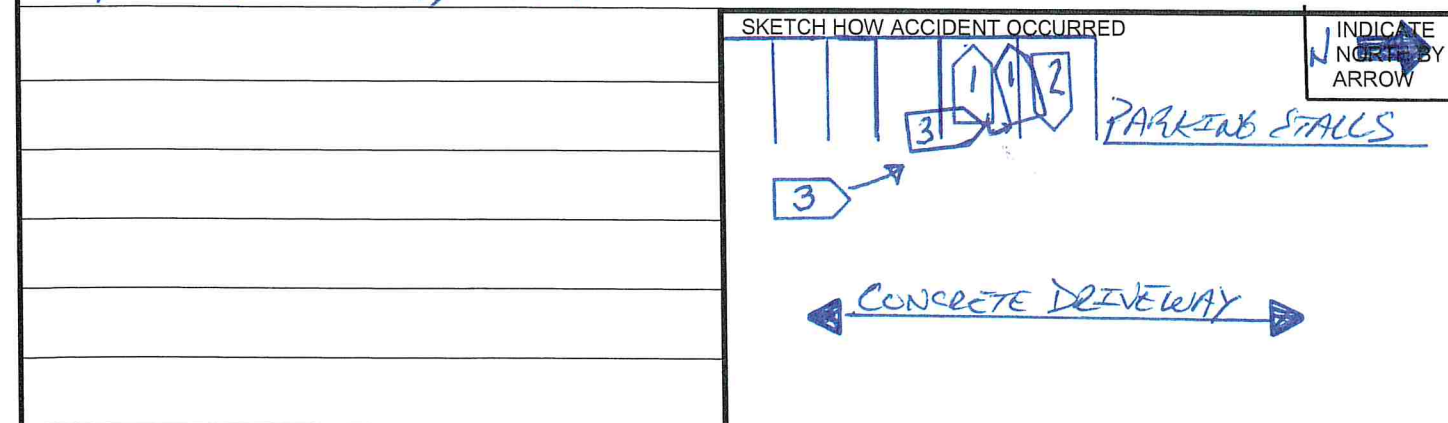


CR NUMBER 22 9293	ACCIDENT DATE 6-5-22	ACCIDENT TIME 2000	DAY OF WEEK SUN	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1840 RHODES RD. KENT, OH. 44240	WEATHER CLEAR
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB UN OCCUPIED	DRIVER LAST FIRST MIDDLE DOB UN OCCUPIED								
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 LEACH, KASSEDY R.	VEHICLE OWNER'S NAME LAST FIRST MIDDLE AMOS, KAMYREA R.								
ADDRESS 1840 RHODES RD. # 264	ADDRESS 1309 S. MAIN ST. 22C								
CITY, STATE ZIP PHONE NUMBER KENT, OH. 44240	CITY STATE ZIP PHONE NUMBER CANTON, OH. 44720								
VEHICLE YEAR MAKE MODEL COLOR 20 CHEVY TRAX BLACK	VEHICLE YEAR MAKE MODEL COLOR 22 KIA RIO BLACK								
LICENSE PLATE NUMBER STATE JCT-1571 OH.	LICENSE PLATE NUMBER STATE N799450 OH.								
INSURANCE COMPANY PROGRESSIVE	INSURANCE COMPANY ACCEPTANCE								
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT TRUNK	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT FENDER								

DESCRIBE HOW ACCIDENT OCCURRED
UNITS ONE AND TWO WERE PARKED UNOCCUPIED AT COLLEGE TOWERS, 1840 RHODES RD. UNIT THREE (SUSPECT) STRUCK UNIT ONE AND PUSHED THAT VEHICLE INTO UNIT TWO. UNIT THREE IS AN UNKNOWN DARK-SPORTS UTILITY VEHICLE.



1840 RHODES ROAD. NOT TO SCALE

CR NUMBER <i>22 9293</i>	ACCIDENT DATE <i>6-5-22</i>	ACCIDENT TIME <i>2000</i>	DAY OF WEEK <i>SUN</i>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <i>1840 RHODES RD. KENT, OH. 44240</i>			WEATHER <i>CLEAR</i>	
VEHICLE NO. <i>3</i>			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB <i>UNKNOWN</i>	DRIVER LAST FIRST MIDDLE DOB			
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	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY	INSURANCE COMPANY			
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 type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
OFFICER /SUPERVISOR SIGNATURE			SKETCH HOW ACCIDENT OCCURRED	
INDICATE NORTH BY ARROW				