
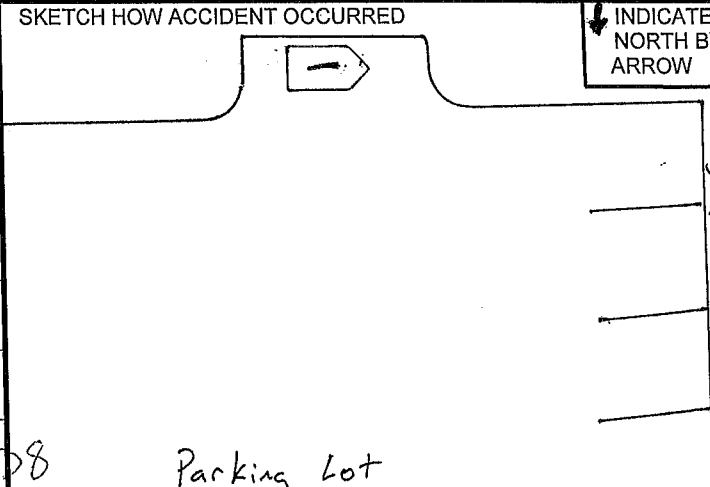


OR NUMBER 23-12270	ACCIDENT DATE 8-5-23	ACCIDENT TIME 2200-1000	DAY OF WEEK saturday	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 517 Franklin Ave Kent, OH 44240				WEATHER Clear
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Coccaro, Michael R. 4-17-00			DRIVER LAST FIRST MIDDLE DOB	
ADDRESS 517 Franklin Ave			ADDRESS	
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240			CITY, STATE, ZIP PHONE NUMBER	
DRIVER'S LICENSE NUMBER STATE OH			DRIVER'S LICENSE NUMBER STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME			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				
<p>Unit #1 was parked in the southern portion of the parking area behind 517 Franklin. Damage occurred during the hours between 2200 hours on 8-5-23 and the hours of 1000 on 8-6-23.</p> <p>Unknown in what manner the collision occurred.</p>				
OFFICER /SUPERVISOR SIGNATURE [Signature]			SKETCH HOW ACCIDENT OCCURRED  <p style="text-align: right;">Not to Scale INDICATE NORTH BY ARROW</p>	

Parking Lot