

CR NUMBER 23-16152	ACCIDENT DATE 10-6-23	ACCIDENT TIME 0315	DAY OF WEEK FRI	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1556 S Water st Kent OH 44240				WEATHER Rain
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Thomas Michael R 01-27-70	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 600 First AVE Apt A3	ADDRESS Time Max 1556 S Water st			
CITY, STATE, ZIP PHONE NUMBER Kent Ohio 44240	CITY, STATE, ZIP PHONE NUMBER Kent OH 44240			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAM	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS ---	ADDRESS			
CITY, STATE ZIP PHONE NUMBER ---	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 06 Hyon Elantra Silver	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE 2LW6483 OH	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY Unk	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" 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				
Unit 1 drove over an embankment while traveling from south to north in the parking lot of 1556 S. Water st.				
OFFICER/SUPERVISOR SIGNATURE 			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW 	

NOT TO SCALE