

CR NUMBER <b>21-8111</b>	ACCIDENT DATE <b>05/21/21</b>	ACCIDENT TIME <b>1600</b>	DAY OF WEEK <b>FRI</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>1678 Easton Ct. Kent, OH</b>			WEATHER <b>Clear/No Adverse</b>	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB <b>Unknown</b>			
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 <b>Unknown</b>			
ADDRESS <b>1678 Easton Ct.</b>	ADDRESS			
CITY, STATE ZIP PHONE NUMBER <b>Kent, OH 44240</b>	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR <b>2008 Nissan Altima White</b>	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE <b>HFR 9055 OH</b>	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY <b>Granger 4677416</b>	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" 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><b>Vehicle 1 was struck by an unknown vehicle. Vehicle 1 was struck on the rear right side. Vehicle 1 was legally parked in its parking spot.</b></p>				
OFFICER /SUPERVISOR SIGNATURE <b>[Signature] 252 #123</b>			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW <b>N ↑</b>	