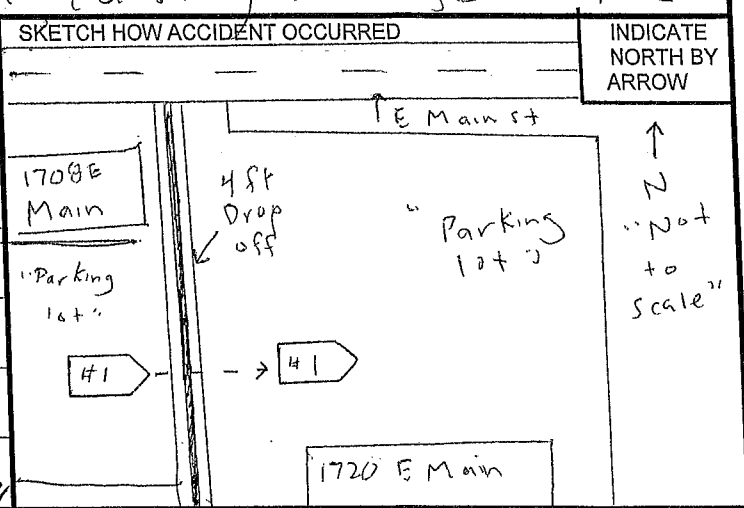


CR NUMBER 23-18646	ACCIDENT DATE 11/20/23	ACCIDENT TIME 1750	DAY OF WEEK Mon	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1720 E Main St Kent OH 44240			WEATHER Clear	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB Baker, Morgan 5-1-2003	DRIVER LAST FIRST MIDDLE DOB U.S. Renal Care								
ADDRESS 345 S Depeyster St Apt 530	ADDRESS 1720 E Main St								
CITY, STATE, ZIP PHONE NUMBER Kent OH 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 Baker, Paul	VEHICLE OWNER'S NAME LAST FIRST MIDDLE								
ADDRESS 4296 MacKenzie CT	ADDRESS								
CITY, STATE, ZIP PHONE NUMBER Mason OH 45040	CITY, STATE, ZIP PHONE NUMBER								
VEHICLE YEAR MAKE MODEL COLOR 2015 Acur RDX WHT	VEHICLE YEAR MAKE MODEL COLOR								
LICENSE PLATE NUMBER STATE HSZ3225 OH	LICENSE PLATE NUMBER STATE								
INSURANCE COMPANY Auto Owner 46-171-331	INSURANCE COMPANY								
PARTS OF VEHICLE DAMAGED <input checked="" 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 wall Damage								

DESCRIBE HOW ACCIDENT OCCURRED Unit 1 was in the parking lot of 1708 E Main st when Unit 1 did not see the 4 foot drop off between 1708 E Main and 1720 E Main St. Unit 1 drove eastbound from 1708 E Main to 1720 E Main, falling down the drop off causing damage to the divider wall and

Unit 1.



OFFICER/SUPERVISOR SIGNATURE  
*[Signature]* #221