

CR NUMBER <b>21-20244</b>	ACCIDENT DATE <b>12-7-21</b>	ACCIDENT TIME <b>1100</b>	DAY OF WEEK <b>Tuesday</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>1840 Rhodes Rd.</b>			WEATHER <b>No Adverse</b>	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB <b>Unoccupied</b>		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 <b>Garrett Doyle B.</b>		VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Unknown</b>		
ADDRESS <b>609 Brennans Ct.</b>		ADDRESS		
CITY, STATE ZIP PHONE NUMBER <b>Avon Lake OH 44012</b>		CITY, STATE, ZIP PHONE NUMBER		
VEHICLE YEAR MAKE MODEL COLOR <b>2014 Chevy Malibu Black</b>		VEHICLE YEAR MAKE MODEL COLOR		
LICENSE PLATE NUMBER STATE <b>GGB7294 OH</b>		LICENSE PLATE NUMBER STATE		
INSURANCE COMPANY <b>Allstate Pol #826291674</b>		INSURANCE COMPANY		
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>Driver Side</b>		PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT		
DESCRIBE HOW ACCIDENT OCCURRED <b>Vehicle #1 was parked facing West in front of 1840 Rhodes Rd. Vehicle #1 was struck on the rear driver side by an unknown vehicle.</b>				
OFFICER /SUPERVISOR SIGNATURE <b>T. Cole / Lt. / #228</b>		SKETCH HOW ACCIDENT OCCURRED		
		<input checked="" type="checkbox"/> INDICATE NORTH BY ARROW <b>1840 Rhodes Rd.</b>		