

CR NUMBER 24-18647	ACCIDENT DATE 12/13/24-12/14/24	ACCIDENT TIME UNKNOWN	DAY OF WEEK FRI/SAT	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> UNKNOWN
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 345 SOUTH DEPEYSTER ST KENT OH 44240	WEATHER FAIR
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VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB
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 MAXHEIMER, LYNN MARIE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE UNKNOWN
ADDRESS 2131 DUANE AVE NW	ADDRESS
CITY, STATE ZIP PHONE NUMBER MASSILLON, OH 44647	CITY, STATE, ZIP PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR 2011 CHEVROLET CRUZE BLK	VEHICLE YEAR MAKE MODEL COLOR
LICENSE PLATE NUMBER STATE KLV5542 OH	LICENSE PLATE NUMBER STATE
INSURANCE COMPANY ERIE Q105908640	INSURANCE COMPANY
PARTS OF X FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT VEHICLE DAMAGED	PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED

DESCRIBE HOW ACCIDENT OCCURRED

Unit #1 was parked on 12-13-24 at approximately 1730 hours at 345 S Depeyster St. When the driver returned to the vehicle on 12-14-24 at approximately 1400 hours she noticed damage to the front right bumper. She believes the damage happened while it was parked in the parking lot.

OFFICER/SUPERVISOR SIGNATURE +247	SKETCH HOW ACCIDENT OCCURRED <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> </div> INDICATE NORTH BY <div style="text-align: right; margin-top: 10px;">ARROW</div>
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