

CR NUMBER <b>22-5313</b>	ACCIDENT DATE <b>4-6-22</b>	ACCIDENT TIME <b>11:23</b>	DAY OF WEEK <b>WED</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>1005 E. MAIN ST. KENT, OH. 44240</b>	WEATHER <b>OVERCAST</b>
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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	VEHICLE OWNER'S NAME LAST FIRST MIDDLE
ADDRESS	ADDRESS
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE
INSURANCE COMPANY	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  
**THE VEHICLE BACKED FROM THE PARKING SPACE, STRIKING AN ALUMINUM FENCE, THE IMPACT DISLOADED A SECTION OF THE FENCE, BENDING MULTIPLE SLATS AND DAMAGING THE FRAME. THE VEHICLE FLED AFTER CAUSING THE DAMAGE. VEHICLE INFORMATION PROVIDED BY A WITNESS.**

OFFICER/SUPERVISOR SIGNATURE <i>[Signature]</i>	SKETCH HOW ACCIDENT OCCURRED 
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