

CR NUMBER 25-8397	ACCIDENT DATE 6/15/25	ACCIDENT TIME 1358	DAY OF WEEK SUN	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 429 E. Main St. Kent OH 44240				WEATHER No adverse

VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB Abukhaled Waleed K.A. 2-12-69	DRIVER LAST FIRST MIDDLE DOB Light pole
ADDRESS 5340 Treeview Cir.	ADDRESS
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240	CITY, STATE, ZIP PHONE NUMBER
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAA	VEHICLE OWNER'S NAME LAST FIRST MIDDLE
ADDRESS	ADDRESS
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR 2024 Mazd Cx5 Gray	VEHICLE YEAR MAKE MODEL COLOR
LICENSE PLATE NUMBER STATE KKL2602 OH	LICENSE PLATE NUMBER STATE
INSURANCE COMPANY Progressive	INSURANCE COMPANY
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT bumper / Head light	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT No damage

DESCRIBE HOW ACCIDENT OCCURRED

Unit one struck a light pole in the parking lot of Bibibop. Damage to unit one only. Vehicle moved prior to arrival

OFFICER/SUPERVISOR SIGNATURE
236

429 E. Main St.

SKETCH HOW ACCIDENT OCCURRED

INDICATE NORTH BY ARROW

Not to Scale