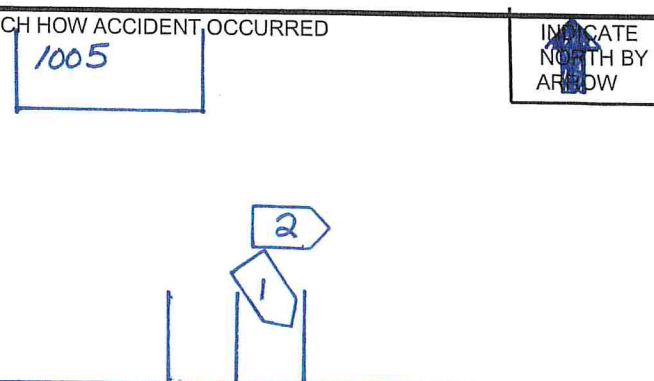


CR NUMBER <b>22-4011</b>	ACCIDENT DATE <b>3/16/22</b>	ACCIDENT TIME <b>08:55</b>	DAY OF WEEK <b>Wednesday</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>1005 E. MAIN ST. Kent, Ohio 44240</b>			WEATHER <b>Sunny 42°F</b>	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB <b>Fisher, Jennifer, S 12/11/75</b>	DRIVER LAST FIRST MIDDLE DOB <b>Almutaani, Mansour, A 12/30/97</b>			
ADDRESS <b>1005 Kevin Dr.</b>	ADDRESS <b>1212 Lucia Ln #B</b>			
CITY, STATE, ZIP PHONE NUMBER <b>Kent, Ohio 44240</b>	CITY, STATE, ZIP PHONE NUMBER <b>Kent, Ohio 44240</b>			
DRIVER'S LICENSE NUMBER STATE <b>OHIO</b>	DRIVER'S LICENSE NUMBER STATE <b>OHIO</b>			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>(Same)</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>(Same)</b>			
ADDRESS	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR <b>2016 Hyundai SantaFe Silver</b>	VEHICLE YEAR MAKE MODEL COLOR <b>2012 Hyundai Azera Silver</b>			
LICENSE PLATE NUMBER STATE <b>DNS-2108 OHIO</b>	LICENSE PLATE NUMBER STATE <b>MANS OH</b>			
INSURANCE COMPANY <b>Statefarm</b>	INSURANCE COMPANY <b>Erie Ins</b>			
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 checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED <b>unit #1 was backing out of a spot. Unit #2 was traveling through the parking lot. Both units Collided with each other. No injuries.</b>				
OFFICER /SUPERVISOR SIGNATURE <b>Sgt. J. Emmons #255</b>			SKETCH HOW ACCIDENT OCCURRED 	
			Drawing Approx. And not to Scale	