

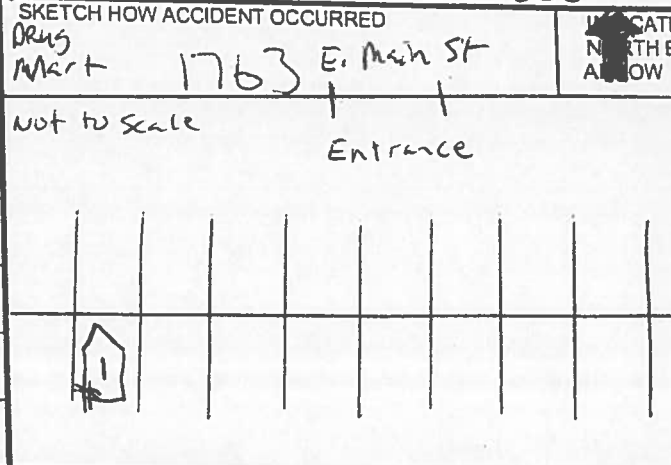
CR NUMBER <b>20-11483</b>	ACCIDENT DATE <b>7-22-20</b>	ACCIDENT TIME <b>1530-1617</b>	DAY OF WEEK <b>Tues</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>Drug Mart 1763 E. Main St Kent OH 44240</b>			WEATHER	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
ADDRESS					ADDRESS				
CITY, STATE, ZIP					CITY, STATE, ZIP				
PHONE NUMBER					PHONE NUMBER				
DRIVER'S LICENSE NUMBER					DRIVER'S LICENSE NUMBER				
STATE					STATE				
VEHICLE OWNER'S NAME LAST FIRST MIDDLE					VEHICLE OWNER'S NAME LAST FIRST MIDDLE				
ADDRESS					ADDRESS				
CITY, STATE ZIP					CITY, STATE, ZIP				
PHONE NUMBER					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					PARTS OF VEHICLE DAMAGED				

DESCRIBE HOW ACCIDENT OCCURRED

On this date unit #1 was parked unoccupied when unit #2 struck unit #1. Unit #2 was no longer on scene when the owner of unit #1 came outside.

I viewed video at Drug Mart and did not see unit #1 within the camera view.



OFFICER / SUPERVISOR SIGNATURE

*Boone 215 / [Signature] #134*