

CR NUMBER 20-3179	ACCIDENT DATE 2-12-20	ACCIDENT TIME	DAY OF WEEK Wed.	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 318 Lake St. Kent, OH 44240			WEATHER No Adverse Daytime/Cloudy	

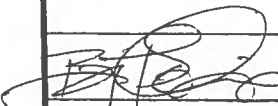
VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
					Goodrich,	Colleen,	S	05/29/72	
ADDRESS					ADDRESS				
318 Lake St.					318 Lake St.				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
Kent, OH 44240					Kent, OH 44240				
DRIVER'S LICENSE NUMBER STATE					DRIVER'S LICENSE NUMBER STATE				
RT927164 OH					RT927164 OH				
VEHICLE OWNER'S NAME LAST FIRST MIDDLE					VEHICLE OWNER'S NAME LAST FIRST MIDDLE				
Same					Same				
ADDRESS					ADDRESS				
CITY, STATE ZIP PHONE NUMBER					CITY, STATE, ZIP PHONE NUMBER				
VEHICLE YEAR MAKE MODEL COLOR					VEHICLE YEAR MAKE MODEL COLOR				
					2015 Kia Sorento Black				
LICENSE PLATE NUMBER STATE					LICENSE PLATE NUMBER STATE				
					HWV7338 OH				
INSURANCE COMPANY					INSURANCE COMPANY				
					Progressive				
PARTS OF VEHICLE DAMAGED	<input type="checkbox"/> FRONT	<input 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 checked="" type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT

DESCRIBE HOW ACCIDENT OCCURRED

Unit 2 stated she thought her neighbor struck her vehicle. Upon arrival to her residence, it was found that none of the damage on her neighbor's vehicle was consistent with the damage on her vehicle. Unit 2 then stated she had been to several locations recently and was not sure who, when, or where the damage on her vehicle occurred.

SKETCH HOW ACCIDENT OCCURRED

INDICATE NORTH BY ARROW

 #233
OFFICER / SUPERVISOR SIGNATURE
Lt. Hunt #228