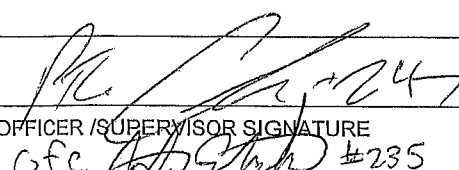
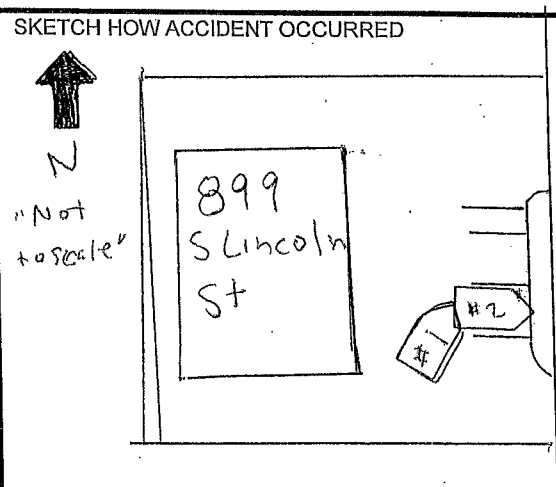


CR NUMBER 23-7799	ACCIDENT DATE 5/20/23	ACCIDENT TIME 1530-1700	DAY OF WEEK Sat	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 899 S Lincoln St Kent OH 44240			WEATHER Sunny	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
					Bivens, Rachel	Elizabeth		12/4/2000	
ADDRESS					ADDRESS				
					908 S Lincoln St				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
					Kent OH 44240				
DRIVER'S LICENSE NUMBER			STATE		DRIVER'S LICENSE NUMBER			STATE	
								OH	
VEHICLE OWNER'S NAME LAST		FIRST	MIDDLE		VEHICLE OWNER'S NAME LAST		FIRST	MIDDLE	
					Bivens, Cara		B		
ADDRESS					ADDRESS				
					2602 Wickliffe Rd				
CITY, STATE ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
					Columbus, OH 43220			43221	
VEHICLE	YEAR	MAKE	MODEL	COLOR	VEHICLE	YEAR	MAKE	MODEL	COLOR
					2015		Kia Soul		GRY
LICENSE PLATE NUMBER		STATE			LICENSE PLATE NUMBER		STATE		
					047ZFP		OH		
INSURANCE COMPANY					INSURANCE COMPANY				
					Farmers Insurance/A7990686090				
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 checked="" type="checkbox"/> RIGHT

DESCRIBE HOW ACCIDENT OCCURRED
 Unit 2 was parked in the parking lot of 899 S Lincoln St. Unit 1, Unknown make, model, or color struck unit 2 in the rear passenger side fender causing minor damage.

OFFICER / SUPERVISOR SIGNATURE  #235	SKETCH HOW ACCIDENT OCCURRED 	INDICATE NORTH BY ARROW 