


CR NUMBER 22-7222	ACCIDENT DATE 5-7-22	ACCIDENT TIME 1600	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) 1624 Olympus Dr. Kent, OH 44240			WEATHER No adverse	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP 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 <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
Unit 2 was parked in the yard and was struck by an unknown vehicle. No paint transfer on Unit 2, no cameras in the area. Unit 2 was being rented by the following: Karen C. Wright 04/09/57				
OFFICER /SUPERVISOR SIGNATURE  #233			SKETCH HOW ACCIDENT OCCURRED 