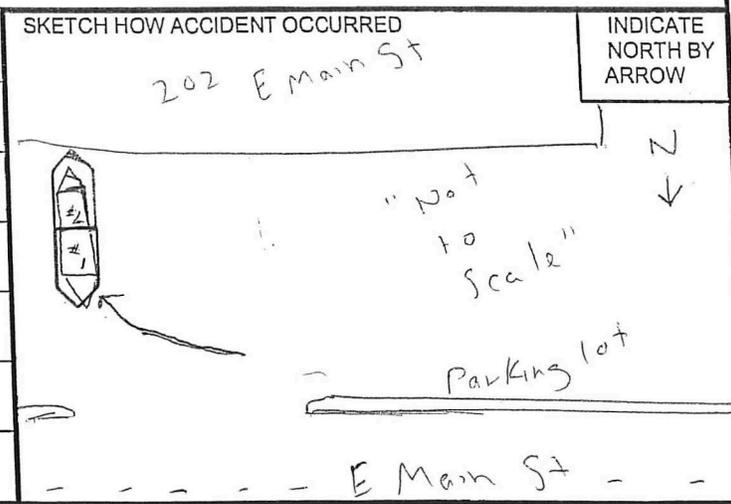


CR NUMBER 26-3479	ACCIDENT DATE 3/7/26	ACCIDENT TIME 0136	DAY OF WEEK Sat	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 202 E Main St, Kent, OH 44240			WEATHER Dark	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
Allison	Larrette								
ADDRESS 1142 Lake St					ADDRESS				
CITY, STATE, ZIP Kent, OH 44240			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
DRIVER'S LICENSE NUMBER			STATE OH		DRIVER'S LICENSE NUMBER			STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Allison, Larrette					VEHICLE OWNER'S NAME LAST FIRST MIDDLE Buonavolonta, Caridace				
ADDRESS 1142 Lake St					ADDRESS 1317 Bexley Dr				
CITY, STATE ZIP Kent OH 44240			PHONE NUMBER		CITY, STATE, ZIP Austintown OH 44615			PHONE NUMBER	
VEHICLE YEAR	MAKE	MODEL	COLOR		VEHICLE YEAR	MAKE	MODEL	COLOR	
2014	Chevy	Impala			2019	Chevy	Malibu	SLV	
LICENSE PLATE NUMBER	STATE				LICENSE PLATE NUMBER	STATE			
WB60365	OH				JWY4276	OH			
INSURANCE COMPANY unknown					INSURANCE COMPANY State Farm (3167022-SFP-35)				
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
Unit 2 was parked unoccupied at 202 E Main St. Unit 1 Backed into Unit 2 and left the area on E Main St. Unit 2 had damage



OFFICER /SUPERVISOR SIGNATURE
[Signature] #250