

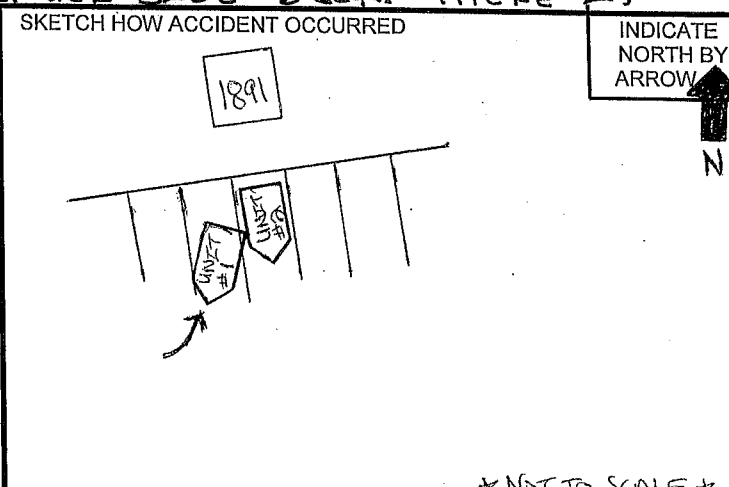
CR NUMBER <b>23-4426</b>	ACCIDENT DATE <b>03/20/23</b>	ACCIDENT TIME <b>1100-1900</b>	DAY OF WEEK <b>MONDAY</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>1891 ALGONQUIN PL - PARKING LOT</b>			WEATHER <b>CLEAR</b>	

VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED) <b>Parked/unoccupied</b>
DRIVER LAST FIRST MIDDLE DOB <b>UNKNOWN</b>	DRIVER LAST FIRST MIDDLE DOB <b>CRADDOCK, HANNAH, ELISE, 02/24/96</b>
ADDRESS	ADDRESS <b>1891 ALGONQUIN PL</b>
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER <b>KENT, OH 44240</b>
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE <b>OH</b>
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>UNKNOWN</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>CRADDOCK, JAMES, L</b>
ADDRESS	ADDRESS <b>344 EASTERN RD</b>
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER <b>DAYLESTOWN, OH 44230</b>
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR <b>2013 CHEVY SILVERADO RED</b>
LICENSE PLATE NUMBER STATE <b>UNKNOWN</b>	LICENSE PLATE NUMBER STATE <b>GDZ 4265 OH</b>
INSURANCE COMPANY	INSURANCE COMPANY <b>GRANGE</b>
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 type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT

DESCRIBE HOW ACCIDENT OCCURRED

**UNIT #2 WAS PARKED STATIONARY IN A PARKING SPACE IN FRONT OF 1891 ALGONQUIN PL. AN UNKNOWN UNIT #1 STRUCK THE PASSENGER SIDE OF UNIT #2, CAUSING DAMAGE TO THE FRONT, PASSENGER SIDE DOOR. THERE IS**

**SILVER/GRAY PAINT TRANSFER ON UNIT #2.**



OFFICER /SUPERVISOR SIGNATURE  
**PC. [Signature] #219**

\* NOT TO SCALE \*