



CR NUMBER 24-10950	ACCIDENT DATE 7/26/24	ACCIDENT TIME 0600	DAY OF WEEK Fri	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1820 Comanche Pl Kent, OH 44240				WEATHER No Adverse
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Fraleigh Joshua Michael 1/4/97	DRIVER LAST FIRST MIDDLE DOB Parked			
ADDRESS 1824 Comanche Pl	ADDRESS			
CITY, STATE, ZIP Kent, OH 44240	PHONE NUMRFR		CITY, STATE, ZIP Kent, OH 44240	
DRIVER'S LICENSE NIIMRFR	STATE OH		DRIVER'S LICENSE NUMBER	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Brunswick Hayna May			
ADDRESS	ADDRESS 1820 Comanche Pl			
CITY, STATE ZIP	PHONE NUMBER		CITY, STATE, ZIP Kent, OH 44240	
VEHICLE YEAR MAKE MODEL COLOR 2014 Dodge Ram Black	VEHICLE YEAR MAKE MODEL COLOR 2018 Ford Focus Black			
LICENSE PLATE NUMBER STATE KCL6809 OH	LICENSE PLATE NUMBER STATE JZ 55377 OH			
INSURANCE COMPANY Ohio mutual	INSURANCE COMPANY Erie			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT 	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 			
DESCRIBE HOW ACCIDENT OCCURRED Unit 1 struck Unit 2 while pulling out of a parking space in the parking lot in front of 1820 Comanche Pl. Unit 2 was parked and unoccupied.				
OFFICER /SUPERVISOR SIGNATURE Off. [Signature] #251			SKETCH HOW ACCIDENT OCCURRED	
			<div style="text-align: right;"> INDICATE NORTH BY ARROW <small>NOT TO SCALE</small> </div> 