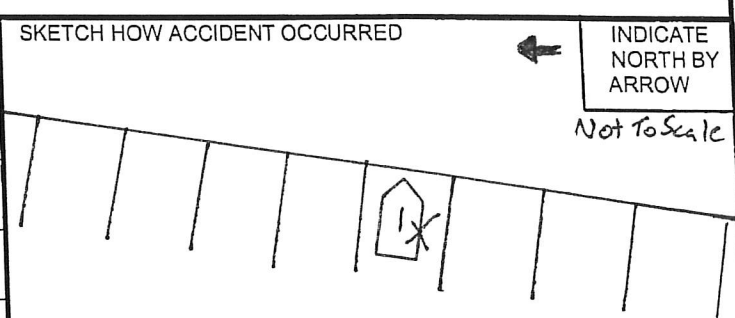


CR NUMBER 24-14751	ACCIDENT DATE 9-30-24	ACCIDENT TIME 1800-2359	DAY OF WEEK Monday	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK															
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1400 E. Main St Kent, OH				WEATHER Rain															
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 Knipper Brenda R.			VEHICLE OWNER'S NAME LAST FIRST MIDDLE																
ADDRESS 651 Oakdale Circle			ADDRESS																
CITY, STATE ZIP Elyria, OH 44035		PHONE NUMBER																	
CITY, STATE, ZIP		PHONE NUMBER																	
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR																		
2018 VOLK SETTA SILVER																			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE																		
5IQB445 OH																			
INSURANCE COMPANY Allstate			INSURANCE COMPANY																
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 type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT																		
DESCRIBE HOW ACCIDENT OCCURRED Unit 1 was struck while parked unoccupied in parking spot. Unknown how other vehicle caused damage it was a hit/skip																			
SKETCH HOW ACCIDENT OCCURRED 				INDICATE NORTH BY ARROW Not To Scale															
OFFICER/SUPERVISOR SIGNATURE LJA #250																			