

CR NUMBER <b>23-3240</b>	ACCIDENT DATE <b>3-1-23</b>	ACCIDENT TIME <b>1212</b>	DAY OF WEEK <b>WED</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>155 N. WATER ST.</b>			WEATHER <b>CLEAR</b>	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB <b>RUCHALSKI, JAMES 7-8-81</b>	DRIVER LAST FIRST MIDDLE DOB <b>WYMER, KELLY 3-27-57</b>			
ADDRESS <b>3218 STAY 82 LOT 218</b>	ADDRESS <b>306 N. WILLOW ST.</b>			
CITY, STATE, ZIP PHONE NUMBER <b>MANTUA, OH 44255</b>	CITY, STATE, ZIP PHONE NUMBER <b>KENT, OH 44240</b>			
DRIVER'S LICENSE NUMBER STATE <b>OH</b>	DRIVER'S LICENSE NUMBER STATE <b>OH</b>			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>SAME</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>WYMER, JOEL</b>			
ADDRESS	ADDRESS <b>306 N. WILLOW ST</b>			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER <b>KENT, OH 44240</b>			
VEHICLE YEAR MAKE MODEL COLOR <b>2003 HONDA ODYSSEY MAROON</b>	VEHICLE YEAR MAKE MODEL COLOR <b>2005 HONDA ODYSSEY BLACK</b>			
LICENSE PLATE NUMBER STATE <b>JWZ9260 OH</b>	LICENSE PLATE NUMBER STATE <b>GSD9581 OH</b>			
INSURANCE COMPANY <b>PROGRESSIVE 961617093</b>	INSURANCE COMPANY <b>GEICO 4053263002</b>			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" 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 3 WAS PARKED IN THE PARKING LOT BEHIND 155 N. WATER ST. UNIT 2 WAS IN THE SAME PARKING LOT UNIT 1 BACKED INTO UNIT 2 AND UNIT 3.				
OFFICER /SUPERVISOR SIGNATURE <b>OFF. AUCLAND #238</b>			SKETCH HOW ACCIDENT OCCURRED 	
INDICATE NORTH BY ARROW 				

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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>155 N. WATER ST.</b>			WEATHER <b>CLEAR</b>	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB <b>UNOCCUPIED</b>	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 <b>GANDOLFI, ENRICO</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS <b>1227 FAIRVIEW DR.</b>	ADDRESS			
CITY, STATE ZIP PHONE NUMBER <b>KENT, OH 44240</b>	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR <b>2007 SATURN ION BLACK</b>	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE <b>GUW 7503 OH</b>	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input 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				
OFFICER /SUPERVISOR SIGNATURE <b>Off. AUCKLAND #038</b>		SKETCH HOW ACCIDENT OCCURRED		INDICATE NORTH BY ARROW