

CR NUMBER 21-328	ACCIDENT DATE 1-8-21	ACCIDENT TIME 1338	DAY OF WEEK FRIDAY	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 295 S. WATER ST.			WEATHER NO ADVERSE	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB SMITH TYREK JIHAD 2-5-1999	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 119 S. MANUA ST.	ADDRESS			
CITY, STATE, ZIP KENT, OH 44240	PHONE NUMBER	CITY, STATE, ZIP		PHONE NUMBER
DRIVER'S LICENSE NUMBER	STATE NC	DRIVER'S LICENSE NUMBER		STATE
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME	VEHICLE OWNER'S NAME LAST FIRST MIDDLE CITY OF KENT			
ADDRESS	ADDRESS 320 S. DEPEYSTER ST			
CITY, STATE ZIP	PHONE NUMBER	CITY, STATE, ZIP KENT, OH 44240		PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR 2006 CHRYSLER 300 BLACK	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE HEW 9088 NC	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY LIBERTY MUTUAL / AB125878673370	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 DRIVING IN THE PARKING LOT BEHIND 295 S. WATER ST. UNIT 1 STRUCK A POLE AND LANDED ON IT'S PASSENGER SIDE. BAILERS TOWING TOWED UNIT 1.				
		SKETCH HOW ACCIDENT OCCURRED		INDICATE NUMBER BY ARROW
		S. WATER ST 295 		1 POLE
OFFICER / SUPERVISOR SIGNATURE OFC. AUCLAND #1238 / <i>[Signature]</i>				