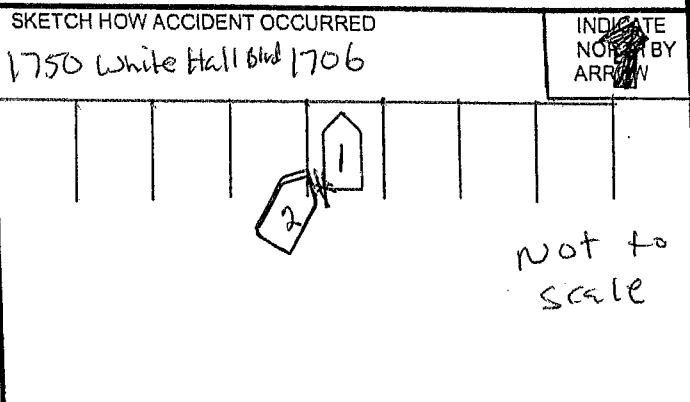


CR NUMBER 22-9427	ACCIDENT DATE 6-8-22	ACCIDENT TIME 0800	DAY OF WEEK WED	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1750 WhiteHall Blvd 1706 Kent OH 44240			WEATHER	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB Williams, Nevea C. 2-21-02			
ADDRESS	ADDRESS 465 Klinger Ave #2E			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Alliance OH 44601			
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Williams, Rachael			
ADDRESS	ADDRESS 1065 Nantucket Cir NE Apt A			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Alliance OH 44601			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR 2008 Honda Civic Blue			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE HRT5808 OH			
INSURANCE COMPANY	INSURANCE COMPANY General 1110H5987291			
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 checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT			

DESCRIBE HOW ACCIDENT OCCURRED  
 ON 6-8-22 at 0800hrs Unit 1 was parked in front of the above address unoccupied. Unit 2 was parking next to Unit 1 and struck the left rear bumper of unit 1.



OFFICER /SUPERVISOR SIGNATURE  
 Brooks 215 / Fuller #221