




CR NUMBER 24-4320	ACCIDENT DATE 3-23-24	ACCIDENT TIME 2046	DAY OF WEEK Saturday	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 500 South Water St.			WEATHER Clear	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB unoccupied	DRIVER LAST FIRST MIDDLE DOB O'Reilly, Patrick J. 12-31-03			
ADDRESS 	ADDRESS 300 E. Main St			
CITY, STATE, ZIP PHONE NUMBER 	CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240			
DRIVER'S LICENSE NUMBER STATE 	DRIVER'S LICENSE NUMBER STATE 4 NH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Sheron, Amatrice M.	VEHICLE OWNER'S NAME LAST FIRST MIDDLE O'Reilly, Cacey A.			
ADDRESS 1127 Lake St Apt #5	ADDRESS 72 Old Prescott Hill Rd			
CITY, STATE ZIP PHONE NUMBER Kent, OH 44240	CITY, STATE, ZIP PHONE NUMBER Laconia, NH 03249			
VEHICLE YEAR MAKE MODEL COLOR 2021 KIA FORTE SILVER	VEHICLE YEAR MAKE MODEL COLOR 2007 HONDA Accord Silver			
LICENSE PLATE NUMBER STATE R969729 OH	LICENSE PLATE NUMBER STATE 2942507 NH			
INSURANCE COMPANY Shelter INS.	INSURANCE COMPANY Geico			
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 Unit 1 was parked facing west at 500 South Water St. Unit 2 pulled into the spot beside Unit 1 and struck Unit 1.				
		SKETCH HOW ACCIDENT OCCURRED <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> INDICATE NORTH BY ARROW Not to Scale </div> 		
OFFICER /SUPERVISOR SIGNATURE [Signature] #250				