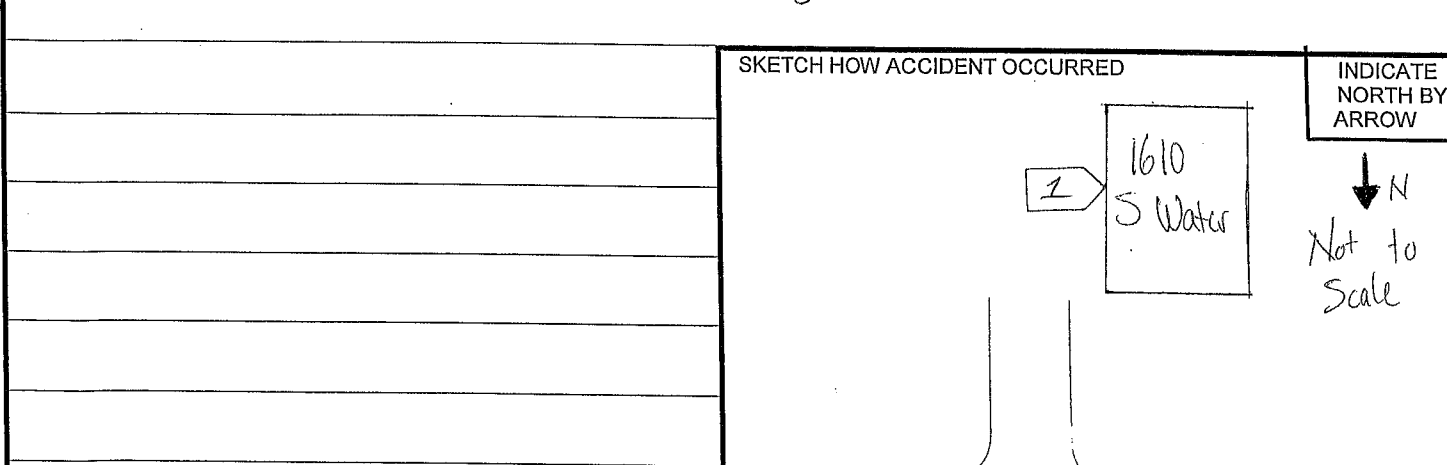


CR NUMBER <b>23-4135</b>	ACCIDENT DATE <b>3/16/23</b>	ACCIDENT TIME <b>17:49</b>	DAY OF WEEK <b>Thursday</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>1610 S Water St, Kent OH</b>				WEATHER <b>Clear</b>
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB <b>Morris Frank J 1/12/1939</b>	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS <b>1435 Windrow Ln</b>	ADDRESS <b>1610 S Water St 1</b>			
CITY, STATE, ZIP PHONE NUMBER <b>Broadview HTS OH 44147</b>	CITY, STATE, ZIP PHONE NUMBER <b>Kent, OH, 44240</b>			
DRIVER'S LICENF NI IMPED STATE <b>OH</b>	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Property Patel Rakesh</b>			
ADDRESS	ADDRESS <b>35 old Broadway</b>			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER <b>Garden City, NY 11040</b>			
VEHICLE YEAR MAKE MODEL COLOR <b>2020 Buick Envision Black</b>	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE <b>HXW2817 OH</b>	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY <b>State Farm 3674404 SFP 35</b>	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input 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

Unit 1 was parking at 1610 S Water St when unit 1 thought he hit the brakes but struck the side of the building.



OFFICER / SUPERVISOR SIGNATURE

*[Signature]*  
Lt. # 228