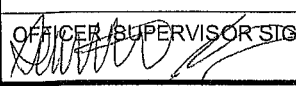
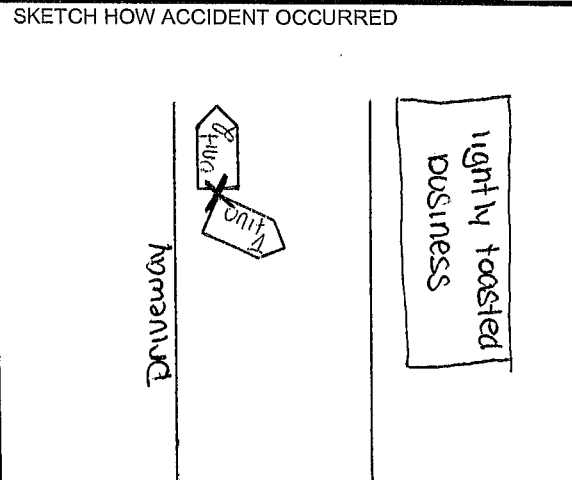
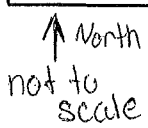


CR NUMBER 22-2041	ACCIDENT DATE 2-11-22	ACCIDENT TIME 15:45	DAY OF WEEK Friday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 331 E. Main St. Lightly Toasted			WEATHER none	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB unknown	DRIVER LAST FIRST MIDDLE DOB unoccupied / parked			
ADDRESS			ADDRESS	
CITY, STATE, ZIP		PHONE NUMBER	CITY, STATE, ZIP	
DRIVER'S LICENSE NUMBER		STATE	DRIVER'S LICENSE NUMBER	
DRIVER'S LICENSE NUMBER		STATE	DRIVER'S LICENSE NUMBER	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE unknown			VEHICLE OWNER'S NAME LAST FIRST MIDDLE Lippy Adam Isaac	
ADDRESS			ADDRESS 6160 1st Ave	
CITY, STATE ZIP		PHONE NUMBER	CITY, STATE, ZIP Kent, OH 44240	
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR 2018 Tesla 3 white			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE MVNSLNC OH			
INSURANCE COMPANY			INSURANCE COMPANY Pexan	
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
Unit 2 was parked. Unit 1 was backing up to turn around a street unit 1 in the rear.				
OFFICER/SUPERVISOR SIGNATURE 			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW  not to scale	