

CR NUMBER 23-1807	ACCIDENT DATE 2-3-23	ACCIDENT TIME 1330	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 312 W. MAIN ST.			WEATHER NO ADVERSE	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB BROWN FLORENCE J. 11-1-1948	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 5201 CLINE RD APT B	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER KENT, OH 44240	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME	VEHICLE OWNER'S NAME LAST FIRST MIDDLE WESTON, SARA			
ADDRESS	ADDRESS 4 VINE CT			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER KENT, OH 44240			
VEHICLE YEAR MAKE MODEL COLOR 2012 FORD FUSION GRAY	VEHICLE YEAR MAKE MODEL COLOR 2010 FORD FOCUS GRAY			
LICENSE PLATE NUMBER STATE GLU 1570 OH	LICENSE PLATE NUMBER STATE 1 DFOM AR			
INSURANCE COMPANY PROGRESSIVE 903787659	INSURANCE COMPANY STATE FARM 2583122 SFP35			
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 checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
<p>UNIT 2 WAS PARKED AT THE KENT FREE LIBRARY AT 312 W. MAIN ST. UNIT 1 PULLED IN NEXT TO UNIT 2 AND STRUCK UNIT 2.</p>				
OFFICER /SUPERVISOR SIGNATURE AUCKLAND #238			SKETCH HOW ACCIDENT OCCURRED <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 10px;">312</div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 10px;">DATE MONTH BY</div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 10px;">ARROW</div>	