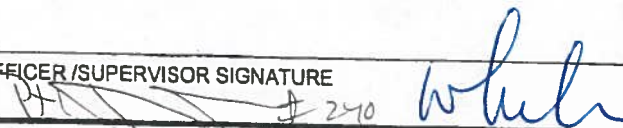
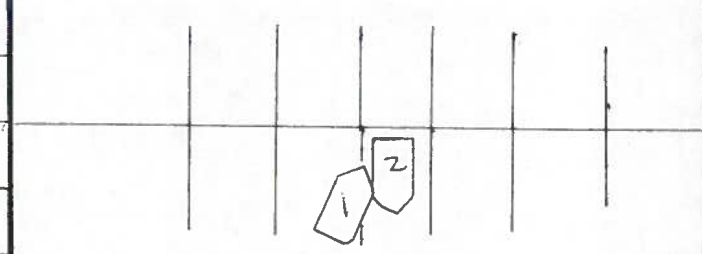



CR NUMBER 21-4481	ACCIDENT DATE 7-22-21	ACCIDENT TIME 0730	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1400 N. Mantua St			WEATHER Clear	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Wade Madison B 11202002	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 6460 Schodview Dr	ADDRESS			
CITY, STATE, ZIP Kent OH 44240	PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER	
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Wade Jason Y	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Good Jr, Robert W			
ADDRESS 6460 Schodview Dr	ADDRESS 1568 Chadwick Rd			
CITY, STATE ZIP Kent OH 44240	CITY, STATE, ZIP Kent OH 44240			
VEHICLE YEAR MAKE MODEL COLOR 2012 Honda Accord 4dr Blk	VEHICLE YEAR MAKE MODEL COLOR 2008 Nissan Sentra 4d Silver			
LICENSE PLATE NUMBER STATE HKJ8285 OH	LICENSE PLATE NUMBER STATE JRM7722 OH			
INSURANCE COMPANY USAA - 01382873386	INSURANCE COMPANY State Farm 35-33 04 X46			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED Vehicle #1 was pulling into a parking spot at TRH in the student lot. Vehicle #1 struck vehicle #2 which was parked and unoccupied. The driver of vehicle #1 reported the accident.				
OFFICER / SUPERVISOR SIGNATURE  #240			SKETCH HOW ACCIDENT OCCURRED	
				
			INDICATE NORTH BY ARROW 	
			1400 N. Mantua St	