

CR NUMBER <b>20-819</b>	ACCIDENT DATE <b>1-12-20</b>	ACCIDENT TIME <b>1550</b>	DAY OF WEEK <b>Sun</b>	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK					
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>1150 Morris Rd (Parking Lot)</b>				WEATHER <b>Cloudy</b>					
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)						
DRIVER LAST	FIRST	MIDDLE	DOB	DRIVER LAST	FIRST	MIDDLE	DOB		
ADDRESS				ADDRESS					
CITY, STATE, ZIP			PHONE NUMBER	CITY, STATE, ZIP			PHONE NUMBER		
DRIVER'S LICENSE NUMBER			STATE	DRIVER'S LICENSE NUMBER			STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Kocher, Camryn J.</b>				VEHICLE OWNER'S NAME LAST FIRST MIDDLE					
ADDRESS <b>1150 Morris Rd #4</b>				ADDRESS					
CITY, STATE ZIP <b>Kent OH 44240</b>			PHONE NUMBER	CITY, STATE, ZIP			PHONE NUMBER		
VEHICLE	YEAR	MAKE	MODEL	COLOR	VEHICLE	YEAR	MAKE	MODEL	COLOR
	<b>2012</b>	<b>Ford</b>	<b>Focus</b>	<b>White</b>					
LICENSE PLATE		NUMBER	STATE	LICENSE PLATE		NUMBER	STATE		
		<b>HTS8603</b>	<b>OH</b>						
INSURANCE COMPANY <b>Geico</b>				INSURANCE COMPANY					
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT <b>Fender dent/swf f</b>				PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT					
DESCRIBE HOW ACCIDENT OCCURRED <b>Front right fender of Unit 1 was damaged sometime overnight between 01-11-20 and 01-12-20. There are no cameras in the area of 1150 Morris Rd where the vehicle was parked.</b>									
				SKETCH HOW ACCIDENT OCCURRED			INDICATE NORTH BY ARROW		
OFFICER /SUPERVISOR SIGNATURE <b>PI Hadaway #216</b>									

*Sgt. [Signature]* 13