

CR NUMBER 16-297	ACCIDENT DATE 1-2/1-3	ACCIDENT TIME 2000-1000	DAY OF WEEK SAT	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1824 Comanche Pl. Kent, Ohio 44240			WEATHER Cloudy	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED) Unknown		
DRIVER LAST FIRST MIDDLE DOB unoccupied		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 Wears, Kacie L.		VEHICLE OWNER'S NAME LAST FIRST MIDDLE		
ADDRESS 1824 Comanche Pl.		ADDRESS		
CITY, STATE ZIP PHONE NUMBER Kent, Ohio 44240 740 885 8474		CITY, STATE, ZIP PHONE NUMBER		
VEHICLE YEAR MAKE MODEL COLOR 2012 Nissan Altima Black		VEHICLE YEAR MAKE MODEL COLOR		
LICENSE PLATE NUMBER STATE 66-E6897 OH		LICENSE PLATE NUMBER STATE		
INSURANCE COMPANY Geico #435 2153193		INSURANCE COMPANY		
PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED Right passenger panel		PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED		
DESCRIBE HOW ACCIDENT OCCURRED				
<p>Unit #1 was parked and unoccupied between 1-2-16 at 2000 and 1-3-16 at 1000 hours. At some point in time Unit #1 was struck, possibly by another car door being opened. There was no paint transfer. No suspects at this time.</p>				
OFFICER/SUPERVISOR SIGNATURE Pt. Hillman #237 / Sgt. J. Munroe #255		SKETCH HOW ACCIDENT OCCURRED Parking Lot 		INDICATE NORTH BY ARROW