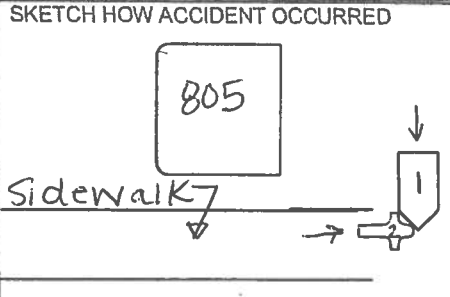
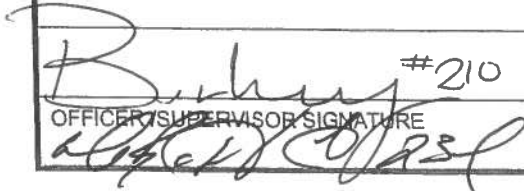



CR NUMBER 16-7102	ACCIDENT DATE 3/27/16	ACCIDENT TIME 2004	DAY OF WEEK Sun	<input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 805 E. Main St. Kent OH			WEATHER No Adverse	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Mikusevich Kaci R 2/17/93		DRIVER LAST FIRST MIDDLE DOB Lewis Duncan X 2/3/97		
ADDRESS 4405 Edson Rd		ADDRESS 3168 Pondview Dr.		
CITY, STATE, ZIP Kent, OH 44240		CITY, STATE, ZIP Ravenna, OH 44266		
PHONE NUMBER (330) 979-2120		PHONE NUMBER (330) 814-8193		
DRIVER'S LICENSE NUMBER TN796528		DRIVER'S LICENSE NUMBER UB909190		
STATE OH		STATE OH		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same		VEHICLE OWNER'S NAME LAST FIRST MIDDLE		
ADDRESS		ADDRESS		
CITY, STATE ZIP		CITY, STATE, ZIP		
PHONE NUMBER		PHONE NUMBER		
VEHICLE YEAR MAKE MODEL COLOR 2008 Hyun Accent White		VEHICLE YEAR MAKE MODEL COLOR 2015 Volume Bicycle - Grey		
LICENSE PLATE NUMBER STATE GTB1528 OH		LICENSE PLATE NUMBER STATE Serial # BRXC21		
INSURANCE COMPANY Nationwide 9234K753165		INSURANCE COMPANY N/A		
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT No Damage		PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Front tire damaged		
DESCRIBE HOW ACCIDENT OCCURRED Unit 1 was pulling out of the parking lot of 805 E. Main St. Unit 2 was E/B on the North sidewalk of E. Main St. (on his bicycle) Unit 1 struck the front tire Unit 2. No injuries, no damage to unit 1. Unit 2's front tire was damaged per his verbal statement.				
		SKETCH HOW ACCIDENT OCCURRED 		
OFFICER/SUPERVISOR SIGNATURE 		INDICATE NORTH BY ARROW  "Not to Scale"		