

CR NUMBER <b>16-22936</b>	ACCIDENT DATE <b>10-12-16</b>	ACCIDENT TIME <b>UNK</b>	DAY OF WEEK <b>WED</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>950 Morris Rd Kent OH 44240 (Parking Lot)</b>			WEATHER <b>Clear</b>	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB <b>[Redacted]</b>	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS	ADDRESS			
CITY, STATE, ZIP	PHONE NUMBER		CITY, STATE, ZIP	
DRIVER'S LICENSE NUMBER		DRIVER'S LICENSE NUMBER		
STATE		STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Barker, Douglas C.</b>		VEHICLE OWNER'S NAME LAST FIRST MIDDLE		
ADDRESS <b>8215 Crabapple Ave NE</b>		ADDRESS		
CITY, STATE ZIP <b>Canton OH 44721</b>		CITY, STATE, ZIP		
PHONE NUMBER <b>330-417-5528</b>		PHONE NUMBER		
VEHICLE YEAR MAKE MODEL COLOR <b>2007 Toyota Camry Gold</b>	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE <b>FOR5622 OH</b>	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY <b>State Farm 764 7014 Fd635B</b>		INSURANCE COMPANY		
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT <b>side door scratches</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 Unit 1 was parked next to the dumpster in the parking lot at 950 Morris Rd. Driver came out to find the dumpster pushed up against the vehicle & scratches to the passenger side door. Another accident occurred close by earlier in the morning but appeared unrelated. Unknown how the damage occurred.				
		SKETCH HOW ACCIDENT OCCURRED 		
OFFICER / SUPERVISOR SIGNATURE <b>Pat. Hadaway #216 / Pat. Egan #214</b>		INDICATE NORTH BY ARROW N → *NOT TO SCALE		