

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		PHONE NUMBER		
DRIVER'S LICENSE NUMBER		STATE		
DRIVER'S LICENSE NUMBER		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>		PHONE NUMBER <b>330-417-5528</b>		
CITY, STATE ZIP		PHONE NUMBER		
VEHICLE YEAR MAKE MODEL COLOR <b>2007 Toyota Camry Gold</b>	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE <b>F05622 OH</b>	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY <b>State Farm 764 7014 F0635B</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 <b>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 &amp; scratches to the passenger side door. Another accident occurred close by earlier in the morning but appeared unrelated. Unknown how the damage occurred.</b>				
SKETCH HOW ACCIDENT OCCURRED				INDICATE NORTH BY ARROW
				INDICATE NORTH BY ARROW N →
*NOT TO SCALE				
OFFICER / SUPERVISOR SIGNATURE <b>Pat. Hadaway #116 / Pat. Bowen #214</b>				