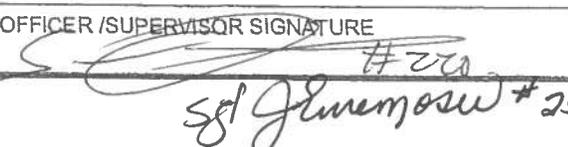
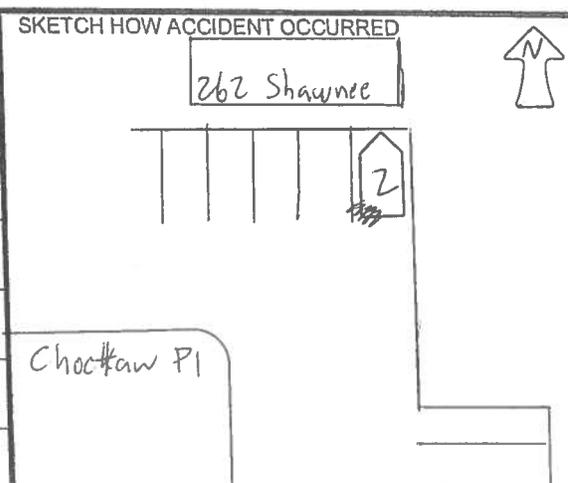


CR NUMBER <b>16-24113</b>	ACCIDENT DATE <b>10-28-16</b>	ACCIDENT TIME <b>0800-1630 hrs</b>	DAY OF WEEK <b>Fri</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>262 Shawnee Dr Kent OH 44240 Parking lot</b>			WEATHER <b>No Adverse</b>	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB <b>Unknown</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>Unknown</b>			VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Hogan, Chelsea Alexis</b>	
ADDRESS			ADDRESS <b>1821 Chockaw Pl</b>	
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER <b>Kent OH 44240 724 971 8175</b>	
VEHICLE YEAR MAKE MODEL COLOR			VEHICLE YEAR MAKE MODEL COLOR <b>2007 Pontiac G6 Black</b>	
LICENSE PLATE NUMBER STATE			LICENSE PLATE NUMBER STATE <b>JY55648 PA</b>	
INSURANCE COMPANY			INSURANCE COMPANY <b>State Farm</b>	
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	
DESCRIBE HOW ACCIDENT OCCURRED <b>Unit 2 was parked in the parking lot outside of 262 Shawnee Dr between 0800-1630 hours. During that time, Unit 2 was struck in the left rear fender. It is unknown who or what vehicle struck Unit 2.</b>				
OFFICER / SUPERVISOR SIGNATURE  <b>Sgt J. J. J. #225</b>			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW  <b>NTS</b>	