

CR NUMBER 16-26041	ACCIDENT DATE 11-23-16	ACCIDENT BETWEEN TIME 0100-1000	DAY OF WEEK WED	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 710 E. MAIN ST.			WEATHER CLEAR	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB			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 RECHARDS, MADISON, M.			VEHICLE OWNER'S NAME LAST FIRST MIDDLE	
ADDRESS 710 E. MAIN ST. #10			ADDRESS	
CITY, STATE ZIP PHONE NUMBER KENT, OH 44240 (330)354-7041			CITY, STATE, ZIP PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR 2004 TOYOTA CAMRY WHITE			VEHICLE YEAR MAKE MODEL COLOR	
LICENSE PLATE NUMBER STATE GN52418 OH			LICENSE PLATE NUMBER STATE	
INSURANCE COMPANY NATIONWIDE			INSURANCE COMPANY	
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT DOOR			PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	
DESCRIBE HOW ACCIDENT OCCURRED THE OWNER OF VEHICLE #1 STATED SHE PARKED HER CAR IN A PARKING SPOT AT HER APARTMENT BUILDING. SHE ADVISED AN UNKNOWN VEHICLE STRUCK THE LEFT SIDE OF IT BETWEEN 0100-1000 HOURS THIS DAY. THERE ARE NO SUSPECTS AT THIS TIME.				
OFFICER/SUPERVISOR SIGNATURE GORDON #1245 <i>[Signature]</i>			SKETCH HOW ACCIDENT OCCURRED	
			INDICATE NORTH BY ARROW ↓ 	