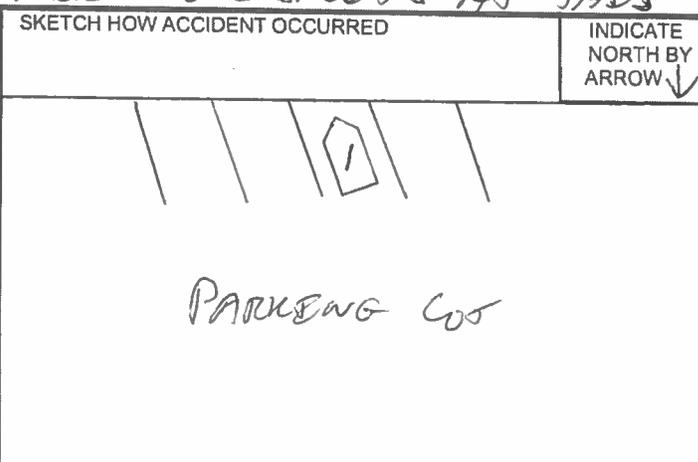


CR NUMBER <b>16-26041</b>	ACCIDENT DATE <b>11-23-16</b>	ACCIDENT BETWEEN TIME <b>0100-1006</b>	DAY OF WEEK <b>WED</b>	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>710 E. MAIN ST,</b>			WEATHER <b>CLEAR</b>	
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	
DRIVER'S LICENSE NUMBER		STATE		
DRIVER'S LICENSE NUMBER		STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>RECHARDS, MADISON, M.</b>		VEHICLE OWNER'S NAME LAST FIRST MIDDLE		
ADDRESS <b>710 E. MAIN ST. #10</b>		ADDRESS		
CITY, STATE ZIP <b>KENT, OH 44240</b>		PHONE NUMBER <b>(330) 354-7041</b>		
VEHICLE YEAR MAKE MODEL COLOR <b>2004 TOYOTA CAMRY WHITE</b>	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE <b>GN52118 OH</b>	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY <b>NATIONWIDE</b>		INSURANCE COMPANY		
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>DOOR</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>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.</b>				
OFFICER /SUPERVISOR SIGNATURE <b>GORMAN #145</b>			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW ↓	