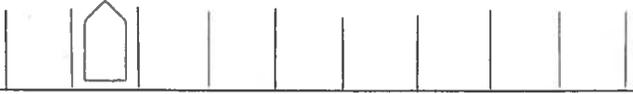


CR NUMBER 17-11683	ACCIDENT DATE 6-1-17	ACCIDENT TIME 1800-1845	DAY OF WEEK THUR	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1400 N. Mantua St.				WEATHER Clear
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Unknown	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 Unknown			VEHICLE OWNER'S NAME LAST FIRST MIDDLE DEAN ERIN P	
ADDRESS			ADDRESS 981 W. MAIN ST.	
CITY, STATE ZIP		PHONE NUMBER		
CITY, STATE ZIP		PHONE NUMBER KENT, OH 44240 (330)696-8351		
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR 2012 SUBA OUTBACK BLK			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE FL 9649 OH			
INSURANCE COMPANY			INSURANCE COMPANY	
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 checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 	
DESCRIBE HOW ACCIDENT OCCURRED Veh was parked in lot of RHS between 1800-1845 hours. Damaged noticed at a later date. Owner advised damaged was caused during child's swim practice. I observed scuff on front bumper. No information for other vehicles.				
			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW Not to Scale	
OFFICER/SUPERVISOR SIGNATURE [Signature] #250			#210	