


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 scuffs on front bumper. No information for other vehicles.				
OFFICER/SUPERVISOR SIGNATURE [Signature] #250 / Berkley #210			SKETCH HOW ACCIDENT OCCURRED <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; background: linear-gradient(to right, transparent 49%, black 49% 51%, black 51% 53%, transparent 53%);"></div> </div>	
			INDICATE NORTH BY ARROW Not to Scale	