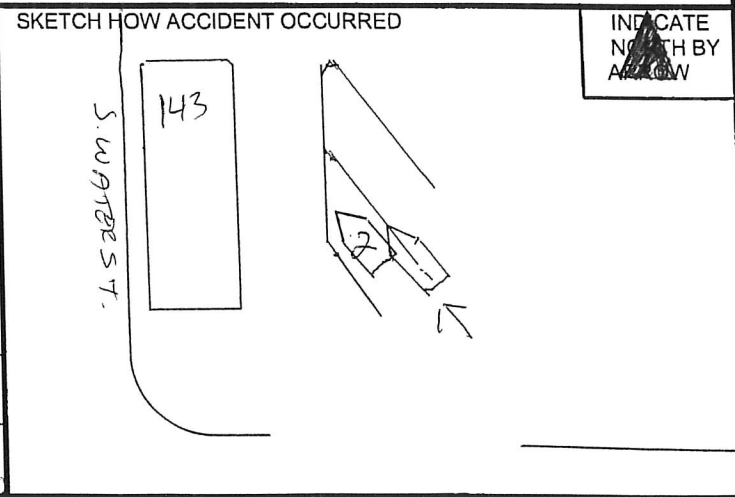


CR NUMBER 25-6256	ACCIDENT DATE 5/5/25 - 5/6/25	ACCIDENT TIME 1535-0730	DAY OF WEEK MON-TUES	<input checked="" type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK UNKNOWN
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 143 S. WATER ST (PARKING LOT)			WEATHER NO ADVERSE	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB HITSKI UNIT					DRIVER LAST FIRST MIDDLE DOB UNOCCUPIED - PARKED				
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					VEHICLE OWNER'S NAME LAST FIRST MIDDLE				
					WALLACE ROBERT STEVEN				
ADDRESS					ADDRESS				
					143 S. WATER ST APT 2				
CITY, STATE ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
					KENT OH 44240				
VEHICLE YEAR MAKE MODEL COLOR					VEHICLE YEAR MAKE MODEL COLOR				
					2020 KIA FORTE SILVER				
LICENSE PLATE NUMBER STATE					LICENSE PLATE NUMBER STATE				
					JOM2105 OH				
INSURANCE COMPANY					INSURANCE COMPANY				
					PROGRESSIVE 986986632				
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 checked="" type="checkbox"/> REAR	<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT
					REAR PASSENGER CORNER PANEL				

DESCRIBE HOW ACCIDENT OCCURRED

UNIT 2 WAS PARKED IN A PARKING SPOT IN THE PARKING LOT BEHIND 143 S-WATER ST. UNIT 1 STRUCK UNIT 2 AND LEFT THE SCENE



OFFICER /SUPERVISOR SIGNATURE

AVULCANO #238