

CR NUMBER <i>23-15003</i>	ACCIDENT DATE <i>10/1/23</i>	ACCIDENT TIME <i>0300-1200</i>	DAY OF WEEK <i>Sunday</i>	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <i>5694 Rhodes Rd</i>			WEATHER <i>Clear</i>	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB <i>Unoccupied</i>	DRIVER LAST FIRST MIDDLE DOB <i>unknown</i>			
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 <i>Smith, Arthur Joseph</i>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS <i>20904 Queensbridge Ln</i>	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER <i>North Royalton OH 44133</i>	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR <i>2018 Nissan Sentra White</i>	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE <i>JKU 5803 OH</i>	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY <i>Allstate 816 250 555</i>	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <i>Driver door</i>	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
<i>Unit 1 was parked and unoccupied in a parking space at 5694 Rhodes Rd. Unit 1 was struck by an unknown vehicle that left the scene.</i>				
OFFICER / SUPERVISOR SIGNATURE <i>[Signature]</i>			SKETCH HOW ACCIDENT OCCURRED	
			<p><i>Not to Scale</i> <i>N ↑</i></p> <p><i>Rhodes Rd</i></p>	
INDICATE NORTH BY ARROW				