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|---|---|-------------------------------------|------------------------------|--|
| CR NUMBER 21-5579 | ACCIDENT DATE 7-8-21 | ACCIDENT TIME 2:30 | DAY OF WEEK THU | <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 710 Lancoy Ave. | | | WEATHER No Adverse | |
| VEHICLE NO. 1 | | VEHICLE NO. 2 (OR PROPERTY DAMAGED) | | |
| DRIVER LAST FIRST MIDDLE DOB Parked | DRIVER LAST FIRST MIDDLE DOB Unknown | | | |
| ADDRESS | ADDRESS | | | |
| CITY, STATE, ZIP | PHONE NUMBER | | CITY, STATE, ZIP | |
| DRIVER'S SOCIAL SECURITY NUMBER | | DRIVER'S SOCIAL SECURITY NUMBER | | |
| DRIVER'S LICENSE NUMBER | STATE | | DRIVER'S LICENSE NUMBER | |
| DRIVER'S LICENSE NUMBER | | STATE | | |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE Saunders, Malik H. | VEHICLE OWNER'S NAME LAST FIRST MIDDLE Unknown | | | |
| ADDRESS | ADDRESS | | | |
| CITY, STATE ZIP Kent OH 44240 | PHONE NUMBER | | CITY, STATE, ZIP | |
| PHONE NUMBER | PHONE NUMBER | | | |
| VEHICLE YEAR MAKE MODEL COLOR 1999 Infiniti G20 Tan | VEHICLE YEAR MAKE MODEL COLOR | | | |
| LICENSE PLATE NUMBER STATE K511493 OH | LICENSE PLATE NUMBER STATE | | | |
| INSURANCE COMPANY Trexxis | INSURANCE COMPANY | | | |
| PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Fender | PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT | | | |
| DESCRIBE HOW ACCIDENT OCCURRED Vehicle #1 was parked facing South in a marked parking space, behind 710 Lancoy Ave. Vehicle #1 was struck on the front driver side by an unknown vehicle. | | | | |
| | | SKETCH HOW ACCIDENT OCCURRED | | INDICATE NORTH BY ARROW <i>W/ 10 Scale</i> |
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| OFFICER /SUPERVISOR SIGNATURE T. Cole St. Francis #214 | | | | |