


OR NUMBER 22-15744	ACCIDENT DATE 9-16-22	ACCIDENT TIME 11:41pm	DAY OF WEEK Friday	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 239 E. College Ave			WEATHER NOADVERSE	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Robynette Josh Eledn 1224-01		DRIVER LAST FIRST MIDDLE DOB unoccupied		
ADDRESS 239 E. College St.		ADDRESS		
CITY, STATE, ZIP Kent, OH 44240		CITY, STATE, ZIP PHONE NUMBER		
DRIVER'S SOCIAL SECURITY NUMBER		DRIVER'S SOCIAL SECURITY NUMBER		
DRIVER'S LICENSE NUMBER STATE CA		DRIVER'S LICENSE NUMBER STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE same		VEHICLE OWNER'S NAME LAST FIRST MIDDLE ledet Christian M.		
ADDRESS		ADDRESS 670 Beechmont Place Dr.		
CITY, STATE ZIP PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240		
VEHICLE YEAR MAKE MODEL COLOR 2012 Honda Accord black		VEHICLE YEAR MAKE MODEL COLOR 2011 Volkswagen Jetta black		
LICENSE PLATE NUMBER STATE 3FQ6663 OH		LICENSE PLATE NUMBER STATE 7074XU OH		
INSURANCE COMPANY Geico 6115247659		INSURANCE COMPANY USAA 02816-29-596		
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" 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 checked="" type="checkbox"/> RIGHT		
DESCRIBE HOW ACCIDENT OCCURRED				
Unit two was parked and no one inside. Unit One was backing out to leave and struck unit two.				
OFFICER/SUPERVISOR SIGNATURE  254 / 10/11/22 #338		SKETCH HOW ACCIDENT OCCURRED		
		<div style="text-align: right; border: 1px solid black; padding: 2px;">INDICATE NORTH BY ARROW</div> 