

CR NUMBER 23-1722	ACCIDENT DATE 2-2-23	ACCIDENT TIME 0749	DAY OF WEEK THU	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) Stein Ct & Anita Ct			WEATHER Clear	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Pokhrel Naresh 1-9-84	DRIVER LAST FIRST MIDDLE DOB Faresc Tessa Anna 5-13-85			
ADDRESS 919 Stein Ct Apt 301	ADDRESS 936 Carlisle Ct Apt 104			
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240	CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Dunbar Theresia A			
ADDRESS Same	ADDRESS 1604 SR 303			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Streetsboro OH 44241			
VEHICLE YEAR MAKE MODEL COLOR 2019 Kia Optima Maroon	VEHICLE YEAR MAKE MODEL COLOR 2010 Dodge Avenger Blue			
LICENSE PLATE NUMBER STATE JUN 4789 OH	LICENSE PLATE NUMBER STATE JNT 6850 OH			
INSURANCE COMPANY # Geico 6108966356	INSURANCE COMPANY State Farm 2926188-SFP-35			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Moderate Damage	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Entire Right Side			
DESCRIBE HOW ACCIDENT OCCURRED				
<p>Unit 2 was traveling eastbound on Anita Ct. Unit 1 was traveling northbound on Stein Ct. Unit 1 failed to yield and entered the intersection of Stein Ct and Anita Ct. striking Unit 2. There were no injuries and Unit 2 was disabled.</p>				
<p>SKETCH HOW ACCIDENT OCCURRED</p> <p>Drawing Not To Scale</p>				
OFFICER /SUPERVISOR SIGNATURE LT. Munt # 228				