


CR NUMBER 23-503	ACCIDENT DATE 1/11/23	ACCIDENT TIME 13:23	DAY OF WEEK WED	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 425 Gougler Ave Kent, Ohio 44240			WEATHER cloudy	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB McKenny BRYAN E. 5/1/99	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 540 S. Water & # 205	ADDRESS			
CITY, STATE, ZIP Kent, Ohio 44240	PHONE NUMBER	CITY, STATE, ZIP		PHONE NUMBER
DRIVER'S LICENSE NUMBER	STATE OH	DRIVER'S LICENSE NUMBER		STATE
VEHICLE OWNER'S NAME LAST FIRST MIDDLE McKenny Kimberly, JOY	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS 918 Meandering Creek ST SW	ADDRESS			
CITY, STATE ZIP Hartsville, OH 44632	PHONE NUMBER	CITY, STATE, ZIP		PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR 2012 Honda Accord Black	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE GO 6539 OHIO	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY ERIE INS	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT UNDER CARRIAGE.	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			

DESCRIBE HOW ACCIDENT OCCURRED

Unit #1 proceeded through the parking spot thinking it was a driveway. Unit #1 drove off the parking spot and over a 5' high retaining wall.

OFFICER / SUPERVISOR SIGNATURE Sgt J. J. [Signature] #255	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW  Drawing approx And Not To Scale
	