
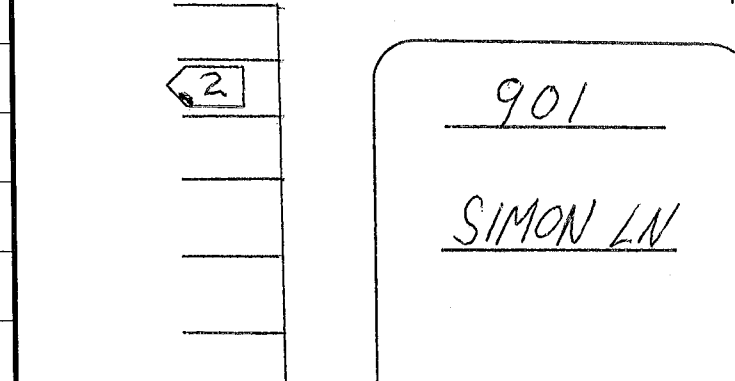


CR NUMBER 22-9008	ACCIDENT DATE 6-1-22	ACCIDENT TIME UKN	DAY OF WEEK WED	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 901 Simon Ln.			WEATHER UKN-Possible Rain	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB			
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	VEHICLE OWNER'S NAME LAST FIRST MIDDLE KAIGLER, LASHAWN G.			
ADDRESS	ADDRESS 2354 MEETING ST #E			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER COLUMBUS, OH 44235			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR 2017 JEEP CHEROKEE SILVER			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE 934ZNL OH			
INSURANCE COMPANY	INSURANCE COMPANY USAA #016402968071118			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED Between the hours of 1500-2015 a unknow vehicle struck Vehicle 2 and left the scene. There are no suspect vehicles. Unknown if it occurred during a heavy rain storm during the time frame. Vehicle 2 was parked unoccupied.				
			SKETCH HOW ACCIDENT OCCURRED NOT TO SCALE	
			INDICATE NORTH BY ARROW 	
				
OFFICER /SUPERVISOR SIGNATURE [Signature] #221 #214				