

|                       |                           |                            |                         |  |
|-----------------------|---------------------------|----------------------------|-------------------------|--|
| CR NUMBER<br>23-18440 | ACCIDENT DATE<br>11/16/23 | ACCIDENT TIME<br>2200-0900 | DAY OF WEEK<br>Thursday | <input type="checkbox"/> DAYLIGHT<br><input type="checkbox"/> DAWN OR DUSK<br><input checked="" type="checkbox"/> DARK |
|-----------------------|---------------------------|----------------------------|-------------------------|--|

|   |                       |
|---|-----------------------|
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)<br>1987 SIOUX PL. KENT, OH 44240 | WEATHER<br>No Adverse |
|---|-----------------------|

|   |       |        |     |  |   |       |        |     |  |
|---|-------|--------|-----|--|---|-------|--------|-----|--|
| VEHICLE NO. 1 PARKED  |       |        |     |  | VEHICLE NO. 2 (OR PROPERTY DAMAGED) UNKNOWN   |       |        |     |  |
| DRIVER LAST   | FIRST | MIDDLE | DOB |  | DRIVER LAST   | FIRST | MIDDLE | DOB |  |
|   |       |        |     |  | Hit   | Skip  | Unit   |     |  |
| ADDRESS   |       |        |     |  | ADDRESS   |       |        |     |  |
| CITY, STATE, ZIP  |       |        |     |  | CITY, STATE, ZIP  |       |        |     |  |
| PHONE NUMBER  |       |        |     |  | PHONE NUMBER  |       |        |     |  |
| DRIVER'S LICENSE NUMBER   |       |        |     |  | DRIVER'S LICENSE NUMBER   |       |        |     |  |
| STATE   |       |        |     |  | STATE   |       |        |     |  |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE  |       |        |     |  | VEHICLE OWNER'S NAME LAST FIRST MIDDLE  |       |        |     |  |
| WILSON JEREMY BRIAN   |       |        |     |  |   |       |        |     |  |
| ADDRESS   |       |        |     |  | ADDRESS   |       |        |     |  |
| 1987 SIOUX PL   |       |        |     |  |   |       |        |     |  |
| CITY, STATE, ZIP  |       |        |     |  | CITY, STATE, ZIP  |       |        |     |  |
| KENT OH 44240   |       |        |     |  |   |       |        |     |  |
| PHONE NUMBER  |       |        |     |  | PHONE NUMBER  |       |        |     |  |
| VEHICLE YEAR MAKE MODEL COLOR   |       |        |     |  | VEHICLE YEAR MAKE MODEL COLOR   |       |        |     |  |
| 2020 SUBARU WRX DARK GRAY   |       |        |     |  |   |       |        |     |  |
| LICENSE PLATE NUMBER STATE  |       |        |     |  | LICENSE PLATE NUMBER STATE  |       |        |     |  |
| HYL 8313 OH   |       |        |     |  |   |       |        |     |  |
| INSURANCE COMPANY   |       |        |     |  | INSURANCE COMPANY   |       |        |     |  |
| Progressive 955206893   |       |        |     |  |   |       |        |     |  |
| PARTS OF VEHICLE DAMAGED  |       |        |     |  | PARTS OF VEHICLE DAMAGED  |       |        |     |  |
| <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT |       |        |     |  | <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT |       |        |     |  |

DESCRIBE HOW ACCIDENT OCCURRED

At 1987 SIOUX PL. KENT, OH 44240 between 2200 and 0900 hours, UNIT 1 was in a parking spot which is when it was struck in the Right bumper by unit 2.

|  |                              |  |
|--|------------------------------|--|
| OFFICER /SUPERVISOR SIGNATURE<br>Jfc Reber #210<br><br>26248 | SKETCH HOW ACCIDENT OCCURRED | INDICATE NORTH BY ARROW                        |
|  |                              | INDICATE NORTH BY ARROW<br>N<br>1987 SIOUX PL. |
|  |                              |  |
|  |                              |  |
|  |                              |  |