

CR NUMBER <b>22-13325</b>	ACCIDENT DATE <b>8-11-22</b>	ACCIDENT TIME <b>0957</b>	DAY OF WEEK <b>THUR</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>345 S. Depeyter St (345 Flats)</b>			WEATHER <b>Clear</b>	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB <b>Berrios Jairo Denilson Arico 6-29-97</b>	DRIVER LAST FIRST MIDDLE DOB <b>345 Flats</b>			
ADDRESS <b>834 Wall St</b>	ADDRESS <b>345 S. Depeyter St</b>			
CITY, STATE, ZIP <b>Akron OH 44310</b>	PHONE NUMBER	CITY, STATE, ZIP <b>Kent, OH 44240</b>	PHONE NUMBER <b>330-625-4188</b>	
DRIVER'S LICENSE NUMBER	STATE	DRIVER'S LICENSE NUMBER	STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Abrego Flooring LLC</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS <b>5616 Sartinwood Dr</b>	ADDRESS			
CITY, STATE ZIP <b>Columbus OH 43229</b>	PHONE NUMBER	CITY, STATE, ZIP	PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR	
LICENSE PLATE NUMBER STATE <b>STA 2075 OH</b>	LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE	
INSURANCE COMPANY	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>None</b>	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
<p style="text-align: center;"><b>Unit #1 pulled into 345 Flats with carpet material on top of the van. The parking area has a clearance sign when entering. The carpet on the van hit a sprinkler system for fire suppression system. The sprinkler broke and was spraying water in the garage.</b></p>				
The driver did not have a driver's license and was suspended. We could not confirm Insurance info or find the owner of the LLC to contact.		SKETCH HOW ACCIDENT OCCURRED 		INDICATE NORTH BY ARROW Not to scale
OFFICER/SUPERVISOR SIGNATURE <b>D.A. [Signature] 240 Whul</b>				