

CR NUMBER 26-5873	ACCIDENT DATE 04/15/2026	ACCIDENT TIME 1852 HRS.	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) LUCCIS PLACE 405 E. MAIN ST. KENT, OHIO 44240				WEATHER HEAVY RAIN
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB UNOCCUPIED	DRIVER LAST FIRST MIDDLE DOB BELL, REBECCA, MICHELLE 03/01/1991			
ADDRESS		ADDRESS 605 E. CRAIN AVE		
CITY, STATE, ZIP PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER KENT, OHIO 44240		
DRIVER'S LICENSE NUMBER STATE		DRIVER'S LICENSE NUMBER STATE OHIO		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE II POLLEY, ALAN, DARREL		VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME AS ABOVE		
ADDRESS: 548 E. SCHOOL ST.		ADDRESS		
CITY, STATE ZIP PHONE NUMBER KENT, OHIO 44240		CITY, STATE, ZIP PHONE NUMBER		
VEHICLE YEAR MAKE MODEL COLOR 2005 TOYT. SOLARA BLACK	VEHICLE YEAR MAKE MODEL COLOR 2012 CHEVY SONIC WHITE			
LICENSE PLATE NUMBER STATE JWP-8366 OHIO	LICENSE PLATE NUMBER STATE KTM-5178 OHIO			
INSURANCE COMPANY GIMBEL INSURANCE: SSV-3402479191-6	INSURANCE COMPANY NONE			
PARTS OF <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DENT AND SCRATCH ABOVE WHEEL WELL ON DAMAGED FRONT DRIVERS SIDE	PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE BACK DRIVERS SIDE DAMAGE DAMAGED			
DESCRIBE HOW ACCIDENT OCCURRED UNIT 2 BACKED INTO UNIT 1 WHILE ATTEMPTING TO PARK IN A PARKING SPOT.				
SKETCH HOW ACCIDENT OCCURRED <div style="float: right; border: 1px solid black; padding: 2px;">INDICATE NORTH BY</div>				
OFFICER /SUPERVISOR SIGNATURE <i>[Signature]</i> #230 / Lt. J. Amos #228				