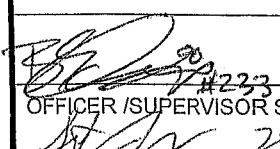
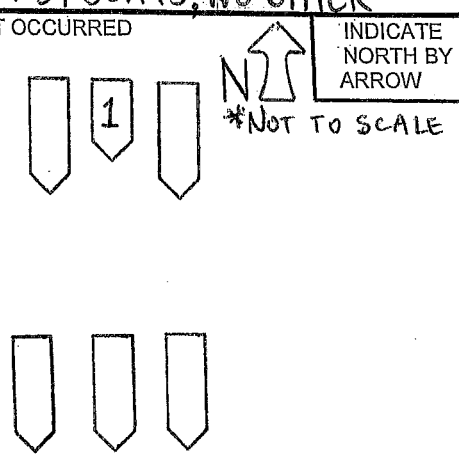


CR NUMBER 22-19394	ACCIDENT DATE UNK	ACCIDENT TIME UNK	DAY OF WEEK UNK	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) Stow-Kent Storage 1480 Fairchild Ave. Kent, OH 44240			WEATHER UNK	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB U/K			DRIVER LAST FIRST MIDDLE DOB DOYLE DENNI SUE 01-07-1970	
ADDRESS			ADDRESS 1310 CHILDS AVE.	
CITY, STATE, ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER AKRON, OH 44314	
DRIVER'S LICENSE NUMBER STATE			DRIVER'S LICENSE NUMBER STATE OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE U/K			VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME AS ABOVE	
ADDRESS			ADDRESS	
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR			VEHICLE YEAR MAKE MODEL COLOR 2007 MAZDA 3 TAN	
LICENSE PLATE NUMBER STATE			LICENSE PLATE NUMBER STATE P219091 OH	
INSURANCE COMPANY			INSURANCE COMPANY Geico	
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				
<p>DOYLE STATED THAT SOMETIME BETWEEN JUNE OF 2022 (WHEN SHE PARKED HER VEHICLE) AND THE DATE OF THE REPORT (11-12-22) HER VEHICLE WAS HIT IN THE FRONT. DOYLE'S VEHICLE WAS PARKED IN THE NORTH MOST AISLE, NEAR OTHER VEHICLES/RV'S/BOATS. NO OTHER VEHICLES WERE REPORTED DAMAGED AND DOYLE'S VEHICLE APPEARED TO BE THE ONLY ONE DAMAGED.</p>				
OFFICER /SUPERVISOR SIGNATURE  #2233 232			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW	