

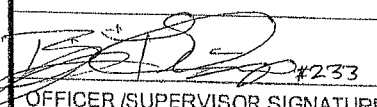
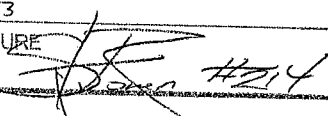
CR NUMBER 22-1205	ACCIDENT DATE 01/27/22	ACCIDENT TIME 1942	DAY OF WEEK THUR.	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) CVS - 500 S. Water St. Kent, OH 44240	WEATHER No adverse
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB Lang, Alencia Smise 10/17/00	DRIVER LAST FIRST MIDDLE DOB								
ADDRESS 1966 Mohawk Pl.	ADDRESS								
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240	CITY, STATE, ZIP PHONE NUMBER								
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE								
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same As Above	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Bialo, Michael, Joseph								
ADDRESS	ADDRESS 308 2nd. Ave.								
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Franklin, PA								
VEHICLE YEAR MAKE MODEL COLOR 2001 BMW X5 Silver	VEHICLE YEAR MAKE MODEL COLOR 2016 Honda HRV Blue								
LICENSE PLATE NUMBER STATE JKZ4140 OH	LICENSE PLATE NUMBER STATE 00003LE PA								
INSURANCE COMPANY Progressive	INSURANCE COMPANY AAA								
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT								

DESCRIBE HOW ACCIDENT OCCURRED

UNIT 1 WAS BACKING OUT OF HER PARKING SPOT AND STRUCK UNIT 2. UNIT 2 WAS UNOCCUPIED AT THE TIME. BOTH UNITS SUSTAINED FUNCTIONAL DAMAGE.

OFFICER/SUPERVISOR SIGNATURE  #233  #114	SKETCH HOW ACCIDENT OCCURRED S. WATER ST.	INDICATE NORTH BY ARROW 