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|--|--|------------------------------|-------------------------------------|--|
| OR NUMBER 23-15336 | ACCIDENT DATE 09-23-23 | ACCIDENT TIME 0701 | DAY OF WEEK SAT | <input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 257 Dale Dr Kent OH 44240 | | | WEATHER Clear / Sun | |
| VEHICLE NO. 1 | | | VEHICLE NO. 2 (OR PROPERTY DAMAGED) | |
| DRIVER LAST FIRST MIDDLE DOB Kanchugatta, Rohith 04-9-2000 | DRIVER LAST FIRST MIDDLE DOB | | | |
| ADDRESS 264 Dale Dr Apt 101 | 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 Nimmala, Sandeep | VEHICLE OWNER'S NAME LAST FIRST MIDDLE Choudhary, Shiwali | | | |
| ADDRESS 112 Essex Cir A | ADDRESS 216 Dale Dr Apt 102 | | | |
| CITY, STATE ZIP PHONE NUMBER Guildenland NY 12084 unK | CITY, STATE, ZIP PHONE NUMBER Kent OH 44240 | | | |
| VEHICLE YEAR MAKE MODEL COLOR 05 Honda Accord Silver | VEHICLE YEAR MAKE MODEL COLOR 19 Chevy TRAX BLK | | | |
| LICENSE PLATE NUMBER STATE KLE7230 OH | LICENSE PLATE NUMBER STATE JYN 8751 OH | | | |
| INSURANCE COMPANY Geico 6060166755 | INSURANCE COMPANY Progressive 964196745 | | | |
| PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT | PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT | | | |
| DESCRIBE HOW ACCIDENT OCCURRED | | | | |
| <p>Unit 1 was traveling at a high rate of speed southbound on Dale Dr. The driver lost control and struck units 2 & 3. This caused those units to strike Units 4 & 5. The driver was arrested for OVI.</p> | | | | |
| | | | SKETCH HOW ACCIDENT OCCURRED | |
| OFFICER/SUPERVISOR SIGNATURE [Signature] #222 / Lt. / [Signature] #228 | | | NOT TO SCALE | |

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| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 216 Dale Dr Kent Ohio 44240 | | | WEATHER Clear | |
| VEHICLE NO. 13 | | VEHICLE NO. 24 (OR PROPERTY DAMAGED) | | |
| DRIVER LAST FIRST MIDDLE DOB | DRIVER LAST FIRST MIDDLE DOB | | | |
| ADDRESS | ADDRESS | | | |
| CITY, STATE, ZIP PHONE NUMBER | CITY, STATE, ZIP PHONE NUMBER | | | |
| DRIVER'S LICENSE NUMBER STATE | DRIVER'S LICENSE NUMBER STATE | | | |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE | VEHICLE OWNER'S NAME LAST FIRST MIDDLE | | | |
| ADDRESS | ADDRESS | | | |
| CITY, STATE, ZIP PHONE NUMBER | CITY, STATE, ZIP PHONE NUMBER | | | |
| VEHICLE YEAR MAKE MODEL COLOR | VEHICLE YEAR MAKE MODEL COLOR | | | |
| LICENSE PLATE NUMBER STATE | LICENSE PLATE NUMBER STATE | | | |
| INSURANCE COMPANY | INSURANCE COMPANY | | | |
| PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT | PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT | | | |
| DESCRIBE HOW ACCIDENT OCCURRED See page 1 | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>OFFICER /SUPERVISOR SIGNATURE [Signature] 222 / LA / MMT # 228</p> </div> <div style="width: 45%;"> <p>SKETCH HOW ACCIDENT OCCURRED</p> <p style="text-align: right; border: 1px solid black; padding: 2px;">INDICATE NORTH BY ARROW</p> </div> </div> | | | | |

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| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 216 Dale Dr Kent Ohio 44240 | | | WEATHER Clear | |
| VEHICLE NO. 1 | | | VEHICLE NO. 2 (OR PROPERTY DAMAGED) | |
| DRIVER LAST FIRST MIDDLE DOB | DRIVER LAST FIRST MIDDLE DOB | | | |
| ADDRESS | ADDRESS | | | |
| CITY, STATE, ZIP | PHONE NUMBER | | | |
| DRIVER'S LICENSE NUMBER | STATE | | | |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE | VEHICLE OWNER'S NAME LAST FIRST MIDDLE | | | |
| ADDRESS 140 Longview Cir | ADDRESS | | | |
| CITY, STATE ZIP North Lima OH | PHONE NUMBER | | | |
| VEHICLE YEAR MAKE MODEL COLOR 14 Lexus ES350 Silver | VEHICLE YEAR MAKE MODEL COLOR | | | |
| LICENSE PLATE NUMBER STATE KBV7804 OH | LICENSE PLATE NUMBER STATE | | | |
| INSURANCE COMPANY Westfield Ins. CWP3582188 | INSURANCE COMPANY | | | |
| PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT | PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT | | | |
| DESCRIBE HOW ACCIDENT OCCURRED See page 1 | | | | |
| OFFICER /SUPERVISOR SIGNATURE # 222 / Lt. Amot #228 | | | SKETCH HOW ACCIDENT OCCURRED | |
| | | | INDICATE NORTH BY ARROW | |
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