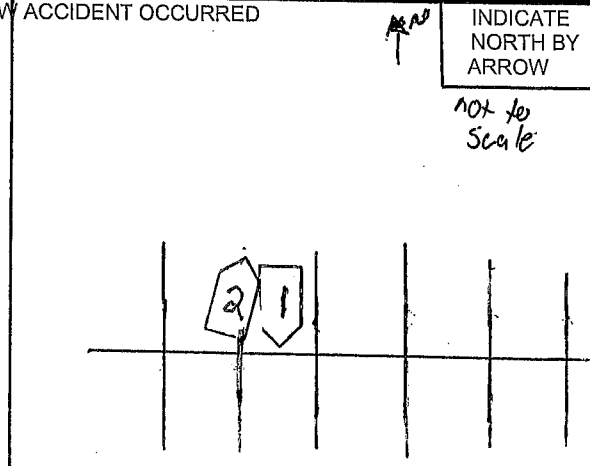


CR NUMBER <b>22-3521</b>	ACCIDENT DATE <b>3-8-22</b>	ACCIDENT TIME <b>1500-1530</b>	DAY OF WEEK <b>Tues</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>1600 S. Water St. lot</b>			WEATHER <b>Clear</b>	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB <b>UNOCCUPIED</b>	DRIVER LAST FIRST MIDDLE DOB <b>UNK</b>			
ADDRESS <b>1845 Algonquin Pl.</b>			ADDRESS	
CITY, STATE, ZIP PHONE NUMBER <b>Kent, OH 44240</b>			CITY, STATE, ZIP PHONE NUMBER	
DRIVER'S LICENSE NUMBER STATE <b>OH</b>			DRIVER'S LICENSE NUMBER STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Kuder Paige Renee</b>			VEHICLE OWNER'S NAME LAST FIRST MIDDLE	
ADDRESS <b>SAA</b>			ADDRESS	
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR <b>2015 Honda HB Red</b>	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE <b>HSK6799 OH</b>			LICENSE PLATE NUMBER STATE	
INSURANCE COMPANY <b>FARMERS</b>			INSURANCE COMPANY	
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>Passengers side</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				
Unit 1 was parked and unoccupied in the parking lot of 1600 S. Water St. At some point, an unknown vehicle side swiped unit 1, leaving a gray/blue streak on it. There are no cameras on the building where this happened. Unit 1 was closer to Dollar tree.				
OFFICER/SUPERVISOR SIGNATURE <b>[Signature] 258</b>			SKETCH HOW ACCIDENT OCCURRED 1600 S. Water St. 	
			INDICATE NORTH BY ARROW <i>not to scale</i>	