

CR NUMBER 20-18500	ACCIDENT DATE 11-10-20	ACCIDENT TIME 1644	DAY OF WEEK TUE	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1840 RHODES RD.	WEATHER NO ADVERSE.
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB SUBBA HARKA JUNG 2-22-95	DRIVER LAST FIRST MIDDLE DOB DRIVER LESS, PARKED.								
ADDRESS 742 AVONDALE ST.	ADDRESS								
CITY, STATE, ZIP PHONE NUMBER KENT, OH, 44240	CITY, STATE, ZIP PHONE NUMBER								
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE								
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME	VEHICLE OWNER'S NAME LAST FIRST MIDDLE BURRELL DEVIN LEE								
ADDRESS	ADDRESS 230 S. WALNUT ST. APT. B								
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER PAINENNA, OH, 44266								
VEHICLE YEAR MAKE MODEL COLOR 2013 MITS OUTLANDER WHT	VEHICLE YEAR MAKE MODEL COLOR 2007 CHEVY EQUINOX SIL								
LICENSE PLATE NUMBER STATE GRP9329 OH	LICENSE PLATE NUMBER STATE HXZ6569 OH								
INSURANCE COMPANY	INSURANCE COMPANY FOUNDERS								
PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT VEHICLE DAMAGED PASS SIDE MIRROR	PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED DRIVER'S SIDE								

DESCRIBE HOW ACCIDENT OCCURRED
 VEH 2 WAS PARKED AT THE FRONT ENTRANCE TO 1840 RHODES RD. VEH 1 ATTEMPTED TO PASS UNIT 2 AND SCRAPED VEH 2'S DRIVER'S SIDE.

OFFICER/SUPERVISOR SIGNATURE <i>[Signature]</i> L. [Signature] 11/13	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW ↑ 1840 RHODES RD. [Sketch of street layout with house 1 and house 2] DRAWING AS POK - NOT TO SCALE.
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