



CR NUMBER 21-6365	ACCIDENT DATE 4-23-21	ACCIDENT TIME 0900	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) Sabetti's Auto Body 358 N. Francis St.			WEATHER No Adverse	
VEHICLE NO. 1		VEHICLE NO. 2 (OR ^{PERSON} PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Grootegoed, Chris James 10-29-58		DRIVER LAST FIRST MIDDLE DOB Keefe, Chad Michael 4-9-76		
ADDRESS 400 Johnson Rd.		ADDRESS 2850 Pintail Ct.		
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240		CITY, STATE, ZIP PHONE NUMBER Akron, OH 44319		
DRIVER'S LICENSE NUMBER STATE OH		DRIVER'S LICENSE NUMBER STATE OH		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE BUSINESS Sabetti's Auto Body		VEHICLE OWNER'S NAME LAST FIRST MIDDLE		
ADDRESS 358 N. Francis St.		ADDRESS		
CITY, STATE ZIP PHONE NUMBER Kent, OH 44240		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 Grange # 2695409		INSURANCE COMPANY		
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 type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT		
DESCRIBE HOW ACCIDENT OCCURRED The victim was standing in the parking lot of Sabetti's when Unit 1 backed into him. Unit 1 struck the victim in the back, pushing him forward to the ground. The victim was immediately transported to a hospital by a friend.				
		SKETCH HOW ACCIDENT OCCURRED NOT TO SCALE SABETTI'S 358 N. FRANCIS ST		INDICATE NORTH BY ARROW 
				
OFFICER/SUPERVISOR SIGNATURE Pt. #221 / [Signature] #25				