


CR NUMBER 23-3024	ACCIDENT DATE 2/25/23	ACCIDENT TIME 11:29	DAY OF WEEK Sat	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 400 Devon PL			WEATHER Clear	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
Sopho	Charles	Wade			English	Milton	Bruce	7/16/63	
ADDRESS 4718 Gooseberry KWL					ADDRESS 4432 Edson RD				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
Ravenna, OH			44266		Kent OH			44240	
DRIVER'S LICENSE NUMBER				STATE	DRIVER'S LICENSE NUMBER				STATE
				OH					OH
VEHICLE OWNER'S NAME LAST			FIRST	MIDDLE	VEHICLE OWNER'S NAME LAST			FIRST	MIDDLE
SAME					SM				
ADDRESS					ADDRESS				
SAME					SAME				
CITY, STATE ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
SAME					SAME				
VEHICLE	YEAR	MAKE	MODEL	COLOR	VEHICLE	YEAR	MAKE	MODEL	COLOR
	2021	Toyota	Tacoma	GRN		2019	Chevy	Silverado	Red
LICENSE PLATE		NUMBER	STATE		LICENSE PLATE		NUMBER	STATE	
6LZ5719		OH			JVZ6549		OH		
INSURANCE COMPANY					INSURANCE COMPANY				
All State 926864005					Farmer 196049530				
PARTS OF VEHICLE DAMAGED		<input checked="" type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			PARTS OF VEHICLE DAMAGED		<input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT		

DESCRIBE HOW ACCIDENT OCCURRED
Unit 1 was parked at 400 Devon PL. Unit 2 was backing into a parking spot when unit 2 struck unit 1

OFFICER / SUPERVISOR SIGNATURE  #235	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW
	