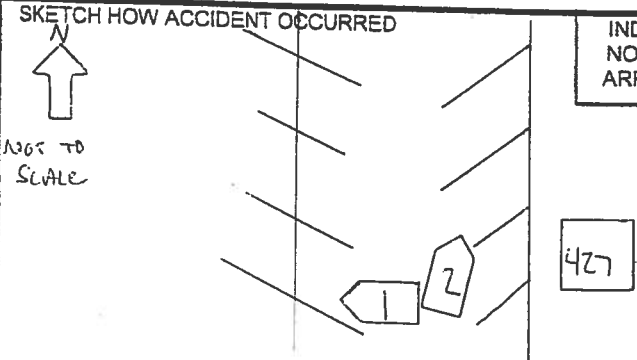


CR NUMBER 21-13509	ACCIDENT DATE 8-20-21	ACCIDENT TIME 1913	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 427 E MAIN ST UNIT OH 44240			WEATHER FAIR	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
JUDD	DCANNA	L	3-17-97		SELLERS	JOHN	D	12-17-65	
ADDRESS 12845 MAIN MARKET RD GARETSVILLE, OH 44231					ADDRESS 406 KOANOLE AVE CUYAHOGA FALLS, OH 44221				
CITY, STATE, ZIP					CITY, STATE, ZIP				
PHONE NUMBER					PHONE NUMBER				
DRIVER'S SOCIAL SECURITY NUMBER					DRIVER'S SOCIAL SECURITY NUMBER				
DRIVER'S LICENSE NUMBER					DRIVER'S LICENSE NUMBER				
STATE OH					STATE OH				
VEHICLE OWNER'S NAME					VEHICLE OWNER'S NAME				
LAST FIRST MIDDLE JUDD EDDIE B					LAST FIRST MIDDLE SAME				
ADDRESS SAME					ADDRESS				
CITY, STATE ZIP					CITY, STATE, ZIP				
PHONE NUMBER SAME					PHONE NUMBER				
VEHICLE YEAR	MAKE	MODEL	COLOR		VEHICLE YEAR	MAKE	MODEL	COLOR	
07	TOYOTA	CONCELA	SIL		19	CHEV	EQUINOX	BLU	
LICENSE PLATE NUMBER STATE					LICENSE PLATE NUMBER STATE				
JF&2595 OH					6ST7574 OH				
INSURANCE COMPANY GRANDE 4756875					INSURANCE COMPANY ALL STATE 026464771				
PARTS OF VEHICLE DAMAGED <input 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 checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT				

DESCRIBE HOW ACCIDENT OCCURRED

UNIT #2 BACKED OUT OF A PARKING SPOT AT 427 E MAIN ST AND STOPPED TO PROCEED FORWARD. UNIT #1 BACKED OUT OF HCA SPOT AND STRUCK UNIT #2

OFFICER/SUPERVISOR SIGNATURE <i>[Signature]</i> #214	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW
		
	↑	
	NOT TO SCALE	
	E MAIN	