

CR NUMBER 23-4945	ACCIDENT DATE 03-31-23	ACCIDENT TIME 1345	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) 401 Devon Place (Parking Lot)			WEATHER Rain	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Harvey Deanna L. 04-02-72	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 3707 Orchard St.	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Mogadore OH 44700	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Curtman, Sandra A.			
ADDRESS	ADDRESS 304 Sulliman Ave			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Averon OH 44305			
VEHICLE YEAR MAKE MODEL COLOR 2019 Chevrolet Trax Black	VEHICLE YEAR MAKE MODEL COLOR 2007 Mitsubishi Outlander Light Blue			
LICENSE PLATE NUMBER STATE FDL2146 OH	LICENSE PLATE NUMBER STATE FDN3330 OH			
INSURANCE COMPANY Grange Ins. 4471669	INSURANCE COMPANY Grange Ins. 6103597			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Bumper damage	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT Bumper scratches/cracks			
DESCRIBE HOW ACCIDENT OCCURRED Unit 1 was backing out of a parking space at 401 Devon Pl. while backing, unit 1 struck unit 2, which was parked/unoccupied.				
SKETCH HOW ACCIDENT OCCURRED <div style="float: right; border: 1px solid black; padding: 2px; font-size: small;">INDICATE NORTH BY ARROW</div>				
OFFICER / SUPERVISOR SIGNATURE [Signature] #216				