

CR NUMBER 20-400	ACCIDENT DATE 01-06-20	ACCIDENT TIME 1540	DAY OF WEEK Monday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 307 W. Main ST Kent OH			WEATHER Clear	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Tercho Samantha K 4-1-68	DRIVER LAST FIRST MIDDLE DOB Fuller Darren J 10-23-74			
ADDRESS 3792 Selnik RD	ADDRESS 603 Yacavona ST			
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240 -	CITY, STATE, ZIP PHONE NUMBER Kent OH 44240 -			
DRIVER'S LICENSE NUMBER STATE RA 142208 OH	DRIVER'S LICENSE NUMBER STATE RL 218890 OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same			
ADDRESS -	ADDRESS -			
CITY, STATE ZIP PHONE NUMBER -	CITY, STATE, ZIP PHONE NUMBER -			
VEHICLE YEAR MAKE MODEL COLOR 2014 Chevy Equinox Black	VEHICLE YEAR MAKE MODEL COLOR 2001 Jeep ^{Grande} Cherokee Gray			
LICENSE PLATE NUMBER STATE 954Y08 OH	LICENSE PLATE NUMBER STATE HED3682 OH			
INSURANCE COMPANY Grange 485360	INSURANCE COMPANY Progressive 924796260			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Small scrape	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT NO Damage			

DESCRIBE HOW ACCIDENT OCCURRED

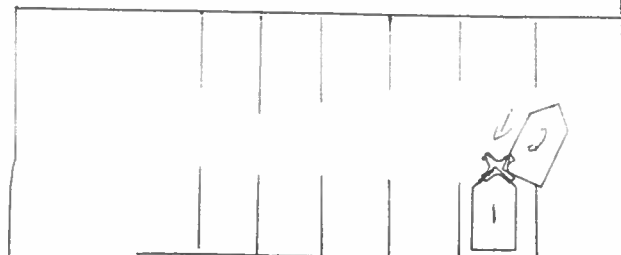
Unit 1 was parked. Unit 2 was backing while trying to park on the north side of the lot. Unit 2 backed into Unit 1 causing a small scratch.

SKETCH HOW ACCIDENT OCCURRED

307 W. Main St



INDICATE NORTH BY ARROW



NOT TO SCALE

OFFICER / SUPERVISOR SIGNATURE

[Signature] Lt. Ennemoser #229