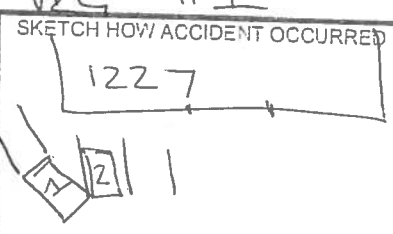
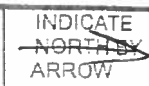


CR NUMBER 22-45	ACCIDENT DATE 1/2/22	ACCIDENT TIME 0927	DAY OF WEEK SUNDAY	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1227 W. MAIN ST. KENT			WEATHER Cloud	
VEHICLE NO. 1 1191949		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB OFFODIE ONYEBUCHI FELIX		DRIVER LAST FIRST MIDDLE DOB Parked		
ADDRESS 281 NOTTINGHAM CTR		ADDRESS		
CITY, STATE, ZIP PHONE NUMBER KENT OH 44240		CITY, STATE, ZIP PHONE NUMBER		
DRIVER'S LICENSE NUMBER STATE OH		DRIVER'S LICENSE NUMBER STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE UHAUL		VEHICLE OWNER'S NAME LAST FIRST MIDDLE GUTIERREZ JUAN S		
ADDRESS 1227 W. MAIN ST		ADDRESS 4765 ST RT 43		
CITY, STATE ZIP PHONE NUMBER KENT OH 44240 330-673-5585		CITY, STATE, ZIP PHONE NUMBER KENT OH 44240		
VEHICLE YEAR MAKE MODEL COLOR 2021 CHEVY VAN WHITE		VEHICLE YEAR MAKE MODEL COLOR 2016 TOY XLE WHITE		
LICENSE PLATE NUMBER STATE A150883 AZ		LICENSE PLATE NUMBER STATE HSN-4997 OH IO		
INSURANCE COMPANY Sonnenber Mutual Ins.		INSURANCE COMPANY HASTINGS Mutual Insurance		
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT NONE		PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT BUMPER		
DESCRIBE HOW ACCIDENT OCCURRED THE DRIVER OF VEH #1 ATTEMPTED TO BACK OUT OF A PARKING SPACE AND MADE CONTACT WITH VEH #2 WHICH WAS PARKED. THE RESULT WAS VERY MINOR INSIGNIFICANT DAMAGE TO VEH #2 THERE WAS NO DAMAGE TO VEH #1				
		SKETCH HOW ACCIDENT OCCURRED 		INDICATE NORTH BY ARROW 
OFFICER/SUPERVISOR SIGNATURE SOI/A #221		Parked Lot		