

CR NUMBER 24-12709	ACCIDENT DATE 8/28/24	ACCIDENT TIME 1632	DAY OF WEEK wed	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1005 E Main St Kent OH 44240			WEATHER Sunny	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Skidmore, Brookhne	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 3920 Rosalind Dr	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Rootstown, OH 44272	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Zipf Bradley	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Tackett Robert Caberice N			
ADDRESS 147 Sharon RD SW	ADDRESS 224 S Diamond st			
CITY, STATE ZIP PHONE NUMBER Pataskala, OH 43062	CITY, STATE, ZIP PHONE NUMBER Ravenna, OH 44266			
VEHICLE YEAR MAKE MODEL COLOR 2005 sub Outback BLU	VEHICLE YEAR MAKE MODEL COLOR 2024 Chev Bolt Maroon			
LICENSE PLATE NUMBER STATE HKL8076 OH	LICENSE PLATE NUMBER STATE EHC2600 OH			
INSURANCE COMPANY Sonnberg SV 3402207235-0	INSURANCE COMPANY State Farm 3029715-SFP-35			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" 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 was unoccupied in the parking lot of 1005 E Main St. Unit 1 was pulling in to a parking spot and struck unit 2 in the Driver side rear causing minor damage				
OFFICER / SUPERVISOR SIGNATURE <i>[Signature]</i> 235			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW	