

CR NUMBER 20-4342	ACCIDENT DATE 2-28-20	ACCIDENT TIME 1328	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) 1600 S WATER ST			WEATHER NO ADVERSE	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
WOODLIFE	JOHN	M	7-26-67		GOLDEN	HEIDI	A	8-30-78	
ADDRESS 1032 GRAHAM AVE					ADDRESS 2954 TALLMADGE RD				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
KENT OH 44240					KENT OH 44240				
DRIVER'S LICENSE NUMBER			STATE		DRIVER'S LICENSE NUMBER			STATE	
RF813555			OH		RL239195			OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE					VEHICLE OWNER'S NAME LAST FIRST MIDDLE				
SAA					SAA				
ADDRESS					ADDRESS				
CITY, STATE ZIP					CITY, STATE, ZIP				
PHONE NUMBER					PHONE NUMBER				
VEHICLE YEAR	MAKE	MODEL	COLOR		VEHICLE YEAR	MAKE	MODEL	COLOR	
2014	CHEV	CAPTIVE	SIL		08	STRA	VUE	BLUE	
LICENSE PLATE NUMBER		STATE			LICENSE PLATE NUMBER		STATE		
926ZFL		OH			HTJ3038		OH		
INSURANCE COMPANY					INSURANCE COMPANY				
PROGRESSIVE 928071895					PROGRESSIVE 929008216				
PARTS OF VEHICLE DAMAGED					PARTS OF VEHICLE DAMAGED				
<input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT					<input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT				

DESCRIBE HOW ACCIDENT OCCURRED

UNIT 1 WAS BACKING OUT OF A PARKING SPACE AT 1600 S WATER HE STATED UNIT 2 HAD DRIVEN PAST HIM THEN REVERSED INTO HIM CAUSING DAMAGE. UNIT 1 STATED HE SAW THE REVERSE LIGHTS OF UNIT 2. UNIT 2 WAS STOPPED WAITING TO TURN INTO A PARKING SPOT. UNIT 1 STRUCK UNIT 2 WHILE BACKING OUT.

CSL PLASMA DID NOT HAVE VIDEO OF THE INCIDENT.

OFFICER /SUPERVISOR SIGNATURE *[Signature]*

