

CR NUMBER 22-7335	ACCIDENT DATE 5-9-22	ACCIDENT TIME 2028	DAY OF WEEK MON	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 2036 HASTINGS			WEATHER FAIR	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB			
	WEILAND SCAN D 1-21-00			
ADDRESS		ADDRESS		
		2017 HASTINGS DR		
CITY, STATE, ZIP PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER		
		Kent, OH 44240		
DRIVER'S LICENSE NUMBER STATE		DRIVER'S LICENSE NUMBER STATE		
		OH		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
BONILLA YANCI L	SAVOCA TIFFANY C			
ADDRESS		ADDRESS		
809 S HAMPTON RD		5884 Lewis RD		
CITY, STATE ZIP PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER		
COLUMBUS OH 43227		OLMSTED TWP, OH 44138		
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR			
2017 TOYT TRC BLU	2022 HYUN ACC WHI			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE			
JTL 2728 OH	JOL 4356 OH			
INSURANCE COMPANY		INSURANCE COMPANY		
		NATIONWIDE 92345 257218		
PARTS OF VEHICLE DAMAGED	PARTS OF VEHICLE DAMAGED			
<input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" 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 PARKED AND UNOCCUPIED. UNIT #2 WAS BACKING UP AND STRUCK UNIT #1. UNIT #2 LEFT. A WITNESS NOAH 330-585-9586 WITNESSED THE CRASH. I SPOKE WITH UNIT #2 THE NEXT DAY AND HE ADMITTED TO THE CRASH AND STATED HE DIDN'T KNOW HE CAUSED DAMAGE TO UNIT #1				
		SKETCH HOW ACCIDENT OCCURRED NOT TO SCALE INDICATE NORTH BY ARROW 		
OFFICER/SUPERVISOR SIGNATURE				