

CR NUMBER 23-8944	ACCIDENT DATE 6-9-23	ACCIDENT TIME 1745	DAY OF WEEK Friday	X DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
----------------------	-------------------------	-----------------------	-----------------------	--

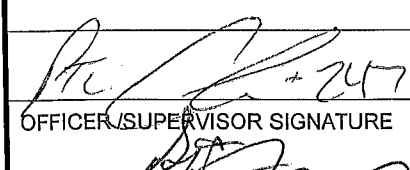
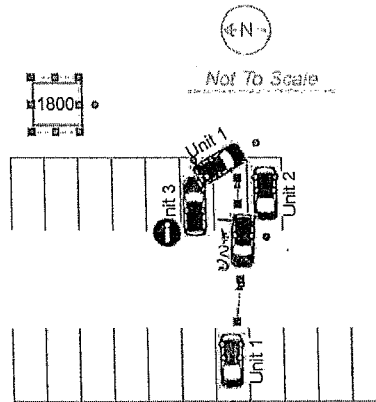

LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1800 Rhodes Rd	WEATHER Fair
--	-----------------

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST KABAROKOLE	FIRST PELLUCE	MIDDLE	DOB 11/28/1993		DRIVER LAST	FIRST	MIDDLE	DOB	
ADDRESS 1800 RHODES RD #720					ADDRESS				
CITY, STATE, ZIP KENT OH 44240			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
DRIVER'S LICENSE NUMBER OH			STATE		DRIVER'S LICENSE NUMBER			STATE	
VEHICLE OWNER'S NAME LAST SAME AS ABOVE			FIRST	MIDDLE	VEHICLE OWNER'S NAME LAST ADOLPHSON, RODNEY LEE			FIRST	MIDDLE
ADDRESS					ADDRESS 1800 RHODES RD #318E				
CITY, STATE ZIP			PHONE NUMBER		CITY, STATE, ZIP KENT OH 44240			PHONE NUMBER	
VEHICLE 2013 TOYOTA	YEAR	MAKE CORROLA	MODEL	COLOR BLUE	VEHICLE 2001 BUICK	YEAR	MAKE CENTRY	MODEL	COLOR SILVER
LICENSE PLATE Q497199		NUMBER OH	STATE		LICENSE PLATE GQQ1143		NUMBER OH	STATE	
INSURANCE COMPANY PROGRESSIVE 970423275					INSURANCE COMPANY ERIE Q095607328				
PARTS OF VEHICLE DAMAGED	X FRONT	X REAR	X LEFT	X RIGHT	PARTS OF VEHICLE DAMAGED	X FRONT	<input type="checkbox"/> REAR	<input type="checkbox"/> LEFT	X RIGHT

DESCRIBE HOW ACCIDENT OCCURRED

Unit # 2 and Unit #3 were parked and unoccupied in the parking lot of 1800 Rhodes Rd. Unit #1 started backing up. Unit #1 hit the accelerator

And continued backing up in a half circle motion. Unit #1 struck unit #2 and Unit #3 before coming to rest.

OFFICER/SUPERVISOR SIGNATURE 	SKETCH HOW ACCIDENT OCCURRED 	INDICATE NORTH BY 

CR NUMBER 23-8944	ACCIDENT DATE	ACCIDENT TIME	DAY OF WEEK	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)			WEATHER	
VEHICLE NO. 3			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE RECSER CALEE SAINT	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS 4154 GLENMOOR RD NW	ADDRESS			
CITY, STATE ZIP PHONE NUMBER CANTON, OH 44718	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 2014 JEEP PATRIOT WHITE	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE FPY6121 OH	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY DONEGAL INS. 1000039727	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED X FRONT X REAR <input type="checkbox"/> LEFT X RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
				SKETCH HOW ACCIDENT OCCURRED <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> INDICATE NORTH BY ARROW </div>
OFFICER/SUPERVISOR SIGNATURE				