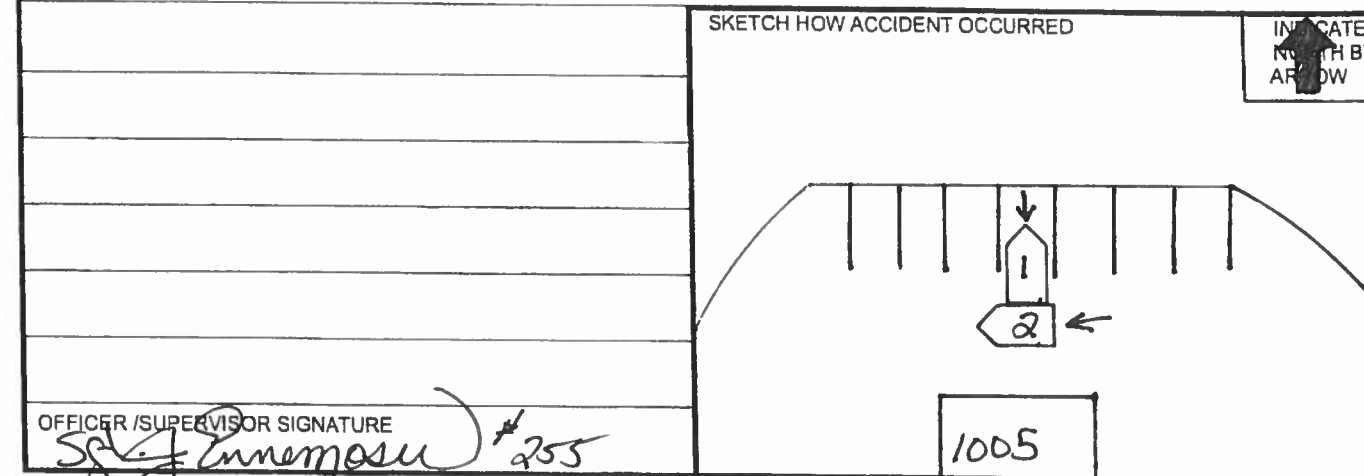


CR NUMBER 21-15465	ACCIDENT DATE 9/22/21	ACCIDENT TIME 13:39	DAY OF WEEK WED	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1005 E. Main St. Kent, Ohio 44240			WEATHER Cloudy	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
Calabrese	Amy	E	11/21/81		Brobeck	Elizabeth	K.	9/16/01	
ADDRESS 138 S. Prospect Ave					ADDRESS 345 S. Deyoster St. # 204				
CITY, STATE, ZIP Hartsville, Oh 44632			PHONE NUMBER		CITY, STATE, ZIP Kent, Oh 44240			PHONE NUMBER	
DRIVER'S LICENSE # NIIMFR				STATE OH	DRIVER'S LICENSE NUMBER				STATE PA
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same					VEHICLE OWNER'S NAME LAST FIRST MIDDLE Brobeck, Shawni, L				
ADDRESS					ADDRESS 167 Baker Rd				
CITY, STATE ZIP			PHONE NUMBER		CITY, STATE, ZIP Monaca, Pa 15061			PHONE NUMBER	
VEHICLE YEAR	MAKE	MODEL	COLOR		VEHICLE YEAR	MAKE	MODEL	COLOR	
2016	Ford	Fiesta	Black		2012	Chevy	Cruze	Silver	
LICENSE PLATE NUMBER		STATE			LICENSE PLATE NUMBER		STATE		
DRY 7654		OH			JXK 1425		PA		
INSURANCE COMPANY State Farm					INSURANCE COMPANY State Farm				
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT					PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT				

DESCRIBE HOW ACCIDENT OCCURRED
 Unit #1 backed out of a parking spot and struck Unit #2. Property damage only - Unit #2 was driving through the parking lot.



OFFICER / SUPERVISOR SIGNATURE
Sgt. J. Pinnasau #255