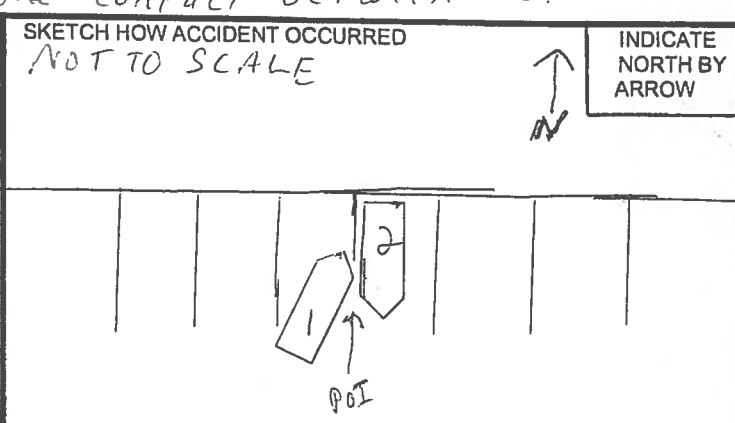


CR NUMBER 21-7217	ACCIDENT DATE 5-7-21	ACCIDENT TIME 1738	DAY OF WEEK Friday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 684 Longcoy Ave. Parking Lot			WEATHER Clear	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Twining Megan C. 2-10-98	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 1002 Lake St. G413	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Luzader, Jacquelyn M			
ADDRESS	ADDRESS 1208 Munroe Falls Kent Rd			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Kent OH 44240			
VEHICLE YEAR MAKE MODEL COLOR 2012 Honda 4S Blue	VEHICLE YEAR MAKE MODEL COLOR 2008 Pontiac 4S Red			
LICENSE PLATE NUMBER STATE 55G 6896 OH	LICENSE PLATE NUMBER STATE HUR 5313 OH			
INSURANCE COMPANY Allstate 980104951	INSURANCE COMPANY			
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 #1 was parked next to Unit #2. Unit #2 is unoccupied. When Unit #1 backed out it struck Unit #2. Unit #1 stated the witness then blocked her in thinking she was going to leave the scene. Unit #1 claims there was possible contact between her vehicle and the witness vehicle.				
Witness: Thomas Dubetz		SKETCH HOW ACCIDENT OCCURRED NOT TO SCALE 		
330-328-4424				
OFFICER /SUPERVISOR SIGNATURE [Signature]		684 Longcoy Ave		