

CR NUMBER 20-18490	ACCIDENT DATE 11-10-20	ACCIDENT TIME 1447	DAY OF WEEK TUE	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 500 GOLDEN OAKS DR.	WEATHER NO ADVERSE
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB CORNELIUS, EMILY FAITH 1-5-99	DRIVER LAST FIRST MIDDLE DOB UNOCCUPIED								
ADDRESS 500 GOLDEN OAKS DR APT A2008	ADDRESS								
CITY, STATE, ZIP KENT, OH, 44240	CITY, STATE, ZIP PHONE NUMBER								
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE								
VEHICLE OWNER'S NAME LAST FIRST MIDDLE CORNELIUS JOANN MARIE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE WILSON, MICHAEL P.								
ADDRESS 1035 IMPAVA DR.	ADDRESS 3700 CURVE RD								
CITY, STATE, ZIP AKRON, OH, 44319	CITY, STATE, ZIP DELAWARE, OH, 43015								
PHONE NUMBER	PHONE NUMBER								
VEHICLE YEAR MAKE MODEL COLOR 2009 CHEV COBALT GRN	VEHICLE YEAR MAKE MODEL COLOR 2008 HONDA ACCORD SIL								
LICENSE PLATE NUMBER STATE HNAT454 OH	LICENSE PLATE NUMBER STATE 61C9791 OH								
INSURANCE COMPANY ALLSTATE (980 534 076)	INSURANCE COMPANY AMERICAN FAMILY (41021-8950-55)								
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  
 VEH 2 WAS PARKED FACING E/B IN BETWEEN BUILDINGS A AND B AT 500 GOLDEN OAKS DR. VEH 1 WAS PARKED ONE SPACE NORTH OF VEH 2. VEH 1 BACKED OUT OF HER PARKING SPACE AND STRUCK VEH 2. BOTH VEHICLES SUFFERED MINOR DAMAGE.

OFFICER / SUPERVISOR SIGNATURE [Signature] #212 11/13/2013	SKETCH HOW ACCIDENT OCCURRED	INDICATE WITH BY ARROW
	A	B
	DRAWING APPROX NOT TO SCALE	
	500 GOLDEN OAKS DR.	