

CR NUMBER 22-702	ACCIDENT DATE 1-17-22	ACCIDENT TIME 2100	DAY OF WEEK MON	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK	
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 360 E. Summit St (Parking Lot)			WEATHER clear		
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)			
DRIVER LAST FIRST MIDDLE DOB Weigle Richard S. 08-29-54	DRIVER LAST FIRST MIDDLE DOB				
ADDRESS 350 E. Summit #D	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 Speck Ricky B.				
ADDRESS	ADDRESS 350 E. Summit St #B				
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Kent OH 44240				
VEHICLE YEAR MAKE MODEL COLOR 2019 Ford Ranger Silver	VEHICLE YEAR MAKE MODEL COLOR 2018 Chevrolet Equinox Red				
LICENSE PLATE NUMBER STATE JB 23405 OH	LICENSE PLATE NUMBER STATE EJY9917 OH				
INSURANCE COMPANY Geico #4371873573	INSURANCE COMPANY Hastings Mutual #APV621833503				
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT NONE	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Mirror				
DESCRIBE HOW ACCIDENT OCCURRED While pulling out of a parking space at 360 E. Summit St, unit 1 sideswiped unit 2 causing damage to driver's side side mirror of unit 2.					
OFFICER / SUPERVISOR SIGNATURE Pt. Ladaway #2116 / Lt. [Signature]		SKETCH HOW ACCIDENT OCCURRED		INDICATE NORTH BY ARROW	