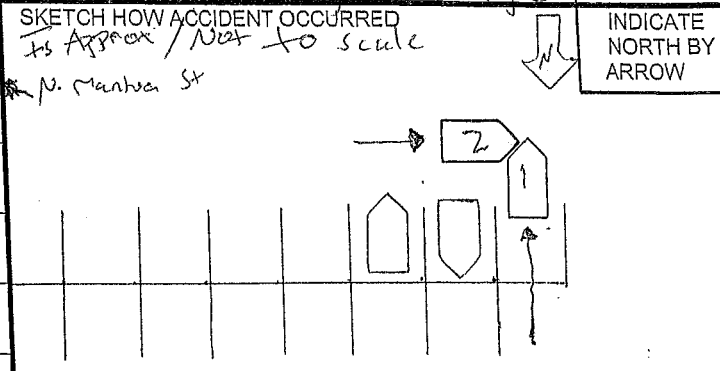


OR NUMBER 22-17294	ACCIDENT DATE 10-12-22	ACCIDENT TIME	DAY OF WEEK WED	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1400 N. Mantua St (TRAS)			WEATHER Clear	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Clapper, Finley D 03-27-06			DRIVER LAST FIRST MIDDLE DOB McPherson, Clara 10-06-04	
ADDRESS 139 N Prospect St			ADDRESS 520 Vine St	
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240			CITY, STATE, ZIP PHONE NUMBER Kent, OH 44278	
DRIVER'S LICENSE NUMRFR STATE OH			DRIVER'S LICENSE NUMBER STATE OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Clapper, Jeffrey D			VEHICLE OWNER'S NAME LAST FIRST MIDDLE McPherson, Scott A	
ADDRESS 473 Miller Ave			ADDRESS 520 Vine St	
CITY, STATE ZIP PHONE NUMBER Kent, OH 44240			CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240	
VEHICLE YEAR MAKE MODEL COLOR 2006 Toyota 4d Silver			VEHICLE YEAR MAKE MODEL COLOR 2015 Subaru 3w DRIVEN	
LICENSE PLATE NUMBER STATE HLW6241 OH			LICENSE PLATE NUMBER STATE GN63465 OH	
INSURANCE COMPANY Progressive 952658019			INSURANCE COMPANY American Family 1934-9274-01-80 FPA	
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	
DESCRIBE HOW ACCIDENT OCCURRED Vehicle #1 was parked on the other side of the last parking spot in a row. Vehicle #2 was driving through the lot. Vehicle #1 ported out of the spot. Vehicle #2 struck vehicle #1. It appears that vehicle #1 does not apply the brakes leaving the spot until the collision happens.				
			SKETCH HOW ACCIDENT OCCURRED Is Approx / Not to scale N. Mantua St 	
OFFICER / SUPERVISOR SIGNATURE [Signature] #240			1400 INDICATE NORTH BY ARROW 