

CR NUMBER 22-18368	ACCIDENT DATE 10/30	ACCIDENT TIME 0030	DAY OF WEEK Sun	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 123 E Crain Ave Kent OH 44240				WEATHER No Adverse

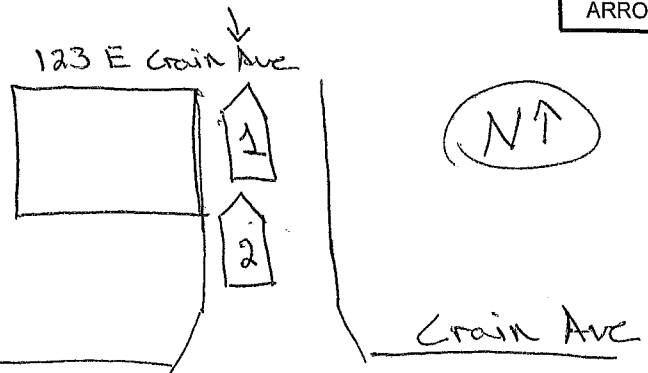
VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB Miller Michael Patrick 02/25/1982	DRIVER LAST FIRST MIDDLE DOB Lykes Jennell Patricia 10/15/79
ADDRESS 123 E Crain Ave	ADDRESS 1684 Athena Dr
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240	CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same
ADDRESS	ADDRESS
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR 2016 Toyota TR Grey	VEHICLE YEAR MAKE MODEL COLOR 2020 Ford 45 Grey
LICENSE PLATE NUMBER STATE HYP 6013 OH	LICENSE PLATE NUMBER STATE JGL 3752 OH
INSURANCE COMPANY Travelers Ins 604 450 996	INSURANCE COMPANY Allstate 826 648 691
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input 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 Bumper

DESCRIBE HOW ACCIDENT OCCURRED

Unit 2 was parked, unoccupied, behind Unit 1. Unit 1 then backed into Unit 2 causing minor front end damage.

SKETCH HOW ACCIDENT OCCURRED

INDICATE NORTH BY ARROW



OFFICER /SUPERVISOR SIGNATURE

[Handwritten Signature] 2022