

CR NUMBER 20-18931	ACCIDENT DATE 11-17-20	ACCIDENT TIME 0638	DAY OF WEEK TUES	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1400 N. Mantua St			WEATHER Snow	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Anderson Gregg A 01-12-1960			DRIVER LAST FIRST MIDDLE DOB	
ADDRESS 4116 Shelby Rd			ADDRESS	
CITY, STATE, ZIP PHONE NUMBER Youngstown, OH 44511			CITY, STATE, ZIP PHONE NUMBER	
DRIVER'S LICENSE NUMBER STATE OH			DRIVER'S LICENSE NUMBER STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Kent City Schools			VEHICLE OWNER'S NAME LAST FIRST MIDDLE Goodwin Sr, John Martin	
ADDRESS 321 N. Percyster St			ADDRESS 1136 N. Mantua St	
CITY, STATE ZIP PHONE NUMBER Kent OH 44240 330-676-7650			CITY, STATE, ZIP PHONE NUMBER Kent OH 44240	
VEHICLE YEAR MAKE MODEL COLOR 2008 Ford F-350 Red			VEHICLE YEAR MAKE MODEL COLOR 2019 Hyundai Tucson Brown	
LICENSE PLATE NUMBER STATE OZ 3502 OH			LICENSE PLATE NUMBER STATE HXL8442 OH	
INSURANCE COMPANY Market 1062WS1052757-1			INSURANCE COMPANY Progressive 60057186	
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT			PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT	
DESCRIBE HOW ACCIDENT OCCURRED Vehicle #1 was backing up to RTB to unload at the Cafeteria. Vehicle #1 struck Vehicle #2 which was parked and unoccupied.				
			SKETCH HOW ACCIDENT OCCURRED 	
OFFICER / SUPERVISOR SIGNATURE <i>[Signature]</i>			INDICATE NORTH BY ARROW 	