

OR NUMBER 22-6757	ACCIDENT DATE 4-30-22	ACCIDENT TIME 0035	DAY OF WEEK SAT	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) Near 1515 Whitehall Blvd.			WEATHER No Adverse	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Clark Serena M. 4-14-01	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 806 Summit Gardens Blvd.	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Kent OH 44290	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAA	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Meeker, Gavin M.			
ADDRESS -	ADDRESS 49 Roaming Rock Blvd.			
CITY, STATE ZIP PHONE NUMBER -	CITY, STATE, ZIP PHONE NUMBER Roaming Shores, OH 44085			
VEHICLE YEAR MAKE MODEL COLOR 2008 FORD Escape Red	VEHICLE YEAR MAKE MODEL COLOR 2017 Subaru Impreza light blue			
LICENSE PLATE NUMBER STATE P209790 OH	LICENSE PLATE NUMBER STATE JEZ2193 OH			
INSURANCE COMPANY None	INSURANCE COMPANY State Farm			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Rear bumper	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Front bumper & hood			
DESCRIBE HOW ACCIDENT OCCURRED				
Unit #1 was backing up and struck unit #2 which was parked, unoccupied.				
OFFICER /SUPERVISOR SIGNATURE [Signature] #257 / Lt. [Signature] #228			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW NOT TO SCALE	