

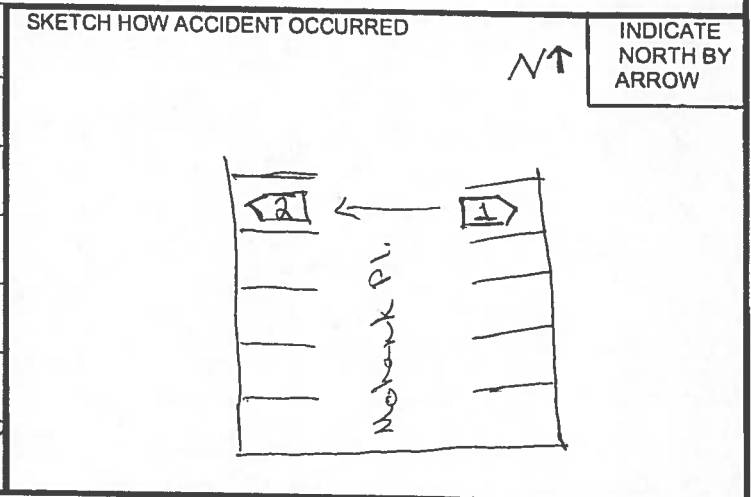
CR NUMBER 21-6408	ACCIDENT DATE 04/24/21	ACCIDENT TIME 1304	DAY OF WEEK SAT	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
----------------------	---------------------------	-----------------------	--------------------	--

LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1984 Mohawk Pl. Kent, OH 44240	WEATHER Clear/No adverse
--	-----------------------------

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB Puleo Abrianna M 02/14/02	DRIVER LAST FIRST MIDDLE DOB Harvey Jacob C 03/12/92								
ADDRESS 3838 Mansfield Rd.	ADDRESS 1984 Mohawk Pl								
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 Puleo, Angela Marie	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Harvey Tom D								
ADDRESS 590 Hartville Rd	ADDRESS 968 Ridgcrest Dr								
CITY, STATE ZIP PHONE NUMBER Kent, OH 44240	CITY, STATE, ZIP PHONE NUMBER Cuyahoga Falls, OH 44221								
VEHICLE YEAR MAKE MODEL COLOR 2007 Chev Silver, Blue	VEHICLE YEAR MAKE MODEL COLOR 2015 GMC Acadia Black/Grey								
LICENSE PLATE NUMBER STATE LO14273 OH	LICENSE PLATE NUMBER STATE GNC4066 OH								
INSURANCE COMPANY Geico 45864 53997	INSURANCE COMPANY Grange AHP121049005								
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 checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT								

DESCRIBE HOW ACCIDENT OCCURRED

Vehicle 1 had the tailgate down. Vehicle 2 was parked behind Vehicle 1. Vehicle 1 backed into Vehicle 2. Vehicle 2 suffered functional damage to the rear liftgate.



OFFICER /SUPERVISOR SIGNATURE
#252
[Signature]