

CR NUMBER 21-423	ACCIDENT DATE 01/10/2021	ACCIDENT TIME 1829	DAY OF WEEK Sunday	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 223 Comanche Pl Kent, OH 44240			WEATHER Clear	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Allen Tina M. 03/01/1971	DRIVER LAST FIRST MIDDLE DOB Raygor Alexandra R 07/14/1999			
ADDRESS 1178 Sweetbriar Pr	ADDRESS 223 Comanche Pl			
CITY, STATE, ZIP PHONE NUMBER Mogadore OH 44260	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 Allen Regan C Sr	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Raygor Diane			
ADDRESS 1090 Abbots Bluff Ct	ADDRESS 1833 Mohican Pl			
CITY, STATE, ZIP PHONE NUMBER Columbus OH 43204	CITY, STATE, ZIP PHONE NUMBER Kent OH 44240			
VEHICLE YEAR MAKE MODEL COLOR 2013 Hyundai Elantra Black	VEHICLE YEAR MAKE MODEL COLOR 2010 Honda Civic Blue			
LICENSE PLATE NUMBER STATE GKZ 5419 OH	LICENSE PLATE NUMBER STATE HPL 4497 OH			
INSURANCE COMPANY NA	INSURANCE COMPANY None			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
Unit #1 started to pull out of the complex parking lot then stopped. Unit #2 also started to pull out of the parking lot but had to stop and wait for Unit #1. Unit #1 then put the vehicle in reverse and backed into Unit #2.				
Unit #1 driver then left the scene.		SKETCH HOW ACCIDENT OCCURRED 		INDICATE NORTH BY ARROW
OFFICER /SUPERVISOR SIGNATURE [Signature] #246		223 Comanche Pl		