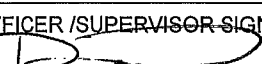
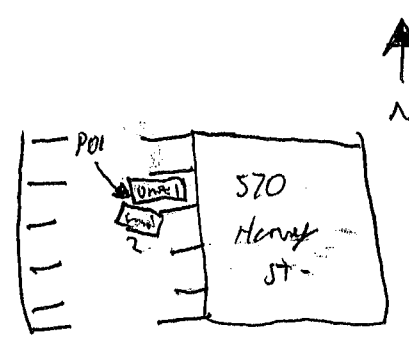



CR NUMBER 23-12269	ACCIDENT DATE 8/6/23	ACCIDENT TIME 1213	DAY OF WEEK Sunday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 570 Harvep St. Kent, OH 44240				WEATHER Clear
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Koontz Gage Nicolas 2/10/99	DRIVER LAST FIRST MIDDLE DOB King Colleen Ann 6/14/69			
ADDRESS 570 Harvep St. Apt. 1	ADDRESS 1497 Rockland Ave			
CITY, STATE, ZIP Kent, OH 44240	CITY, STATE, ZIP Rocky River, OH 44116			
PHONE NUMBER	PHONE NUMBER			
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			
ADDRESS	ADDRESS UHAUL			
CITY, STATE ZIP	CITY, STATE, ZIP			
PHONE NUMBER	PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 2010 Honda Civic Black	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE JLW6329 OH	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY Eric Insurance QOP6511391	INSURANCE COMPANY State Farm 3413088-SFP-35			
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 type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
Mit skip at this time. Unit 2 backing up with a UHAUL at street rear road bumper of a parked unit 1. Gage said he did not want any charges and would speak with them when they returned. They returned and provided insurance information.				
OFFICER /SUPERVISOR SIGNATURE  241			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW  N NOT to scale	