

CR NUMBER <b>22-2184</b>	ACCIDENT DATE <b>2-14-22</b>	ACCIDENT TIME <b>1138</b>	DAY OF WEEK <b>MON</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>1400 N. Mantua St</b>			WEATHER <b>Clear</b>	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB <b>Crawford, Sage</b>			
ADDRESS	ADDRESS <b>934 Middlebury Rd</b>			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER <b>Kent OH 44240</b>			
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE <b>OH</b>			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Crawford, Jessica L</b>			
ADDRESS	ADDRESS <b>402 Suzanne Dr</b>			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER <b>Kent OH 44240</b>			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR <b>2016 Nissan Rogue White</b>			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE <b>MM7158 OH</b>			
INSURANCE COMPANY	INSURANCE COMPANY <b>Westfield WWP 1050135</b>			
PARTS OF VEHICLE DAMAGED	PARTS OF VEHICLE DAMAGED			
<input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>Center</b>	<input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED <b>Vehicle #1 was parked and unoccupied at TRHS. Vehicle #2 tried parking next to vehicle #1, backed out and went to drive away. Vehicle #2 turned and struck the trailer hitch of vehicle #1 causing damage to vehicle #2.</b>				
			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW Not to scale 	
OFFICER / SUPERVISOR SIGNATURE <b>PFI #240 [Signature]</b>			1400	