

CR NUMBER 23-7333	ACCIDENT DATE 5/12/23	ACCIDENT TIME 1603	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
----------------------	--------------------------	-----------------------	--------------------	--

LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1763 E Main St Kent OH 44240	WEATHER Sunny
--	------------------

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB Matthews, Parker Thomas S/4/68	DRIVER LAST FIRST MIDDLE DOB Bracher, Nancy S 11/28/55								
ADDRESS 131 Columbus St	ADDRESS 212 Frances Dr								
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240	CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240								
DRIVER'S LICENSE NUMBER STATE RQ101874 OH	DRIVER'S LICENSE NUMBER STATE OH								
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME	VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME								
ADDRESS SAME	ADDRESS SAME								
CITY, STATE ZIP PHONE NUMBER SAME	CITY, STATE, ZIP PHONE NUMBER SAME								
VEHICLE YEAR MAKE MODEL COLOR 2001 Dodge Ram WHT	VEHICLE YEAR MAKE MODEL COLOR 2010 Subaru Forester SLV								
LICENSE PLATE NUMBER STATE PLN9558 OH	LICENSE PLATE NUMBER STATE GID7302 OH								
INSURANCE COMPANY westfield WNE0660984	INSURANCE COMPANY Allstate 926 752 579								
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 checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT DAMAGED								

DESCRIBE HOW ACCIDENT OCCURRED
Unit 1 was pulling into a parking spot at 1763 E Main St. while pulling into the spot, Unit 1's rear passenger side tire struck Unit 2 on the driver side rear causing minor damage.

OFFICER/SUPERVISOR SIGNATURE #235	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW