

CR NUMBER 21-3194	ACCIDENT DATE 03-03-21	ACCIDENT TIME 1839	DAY OF WEEK WED	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 250 River St (Parking Lot)			WEATHER Clear	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Samkari, Nowfal, Jameel 03-11-78	DRIVER LAST FIRST MIDDLE DOB Purcell, Alice M. 10-05-97			
ADDRESS 226 E. Summit St	ADDRESS 250 River St #B18			
CITY, STATE, ZIP Kent OH 44240	CITY, STATE, ZIP Kent OH 44240			
PHONE NUMBFR	PHONE NUMBER			
DRIVER'S LICENSF NIMBER	DRIVER'S LICENSE NUMBER			
STATE	STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same			
ADDRESS	ADDRESS			
CITY, STATE ZIP	CITY, STATE, ZIP			
PHONE NUMBER	PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 2020 Nissan Altima Silver	VEHICLE YEAR MAKE MODEL COLOR 2020 Chevrolet Trax White			
LICENSE PLATE NUMBER STATE MNMO815 TX	LICENSE PLATE NUMBER STATE 5BL5600 OH			
INSURANCE COMPANY Foot Ins. Co. B2TD	INSURANCE COMPANY Geico 4495336705			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Bumper scrape	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT side door dents			
DESCRIBE HOW ACCIDENT OCCURRED Unit 2 was traveling eastbound through the parking lot at 250 River St. Unit 1 was backing out of a parking spot at the same address. While backing, unit 1 backed into unit 2 as unit 2 drove through the lot.				
OFFICER / SUPERVISOR SIGNATURE 		SKETCH HOW ACCIDENT OCCURRED 250 River St. 		INDICATE NORTH BY ARROW N → Not to scale