

CR NUMBER 21-6920	ACCIDENT DATE 05/02/21	ACCIDENT TIME 2031 HRS	DAY OF WEEK SUN	<input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) Parking lot at 401 Devon Pl. ^{Kent, OH} 44240				WEATHER Clear/No Adverse
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Popson Cindy K 03/18/67	DRIVER LAST FIRST MIDDLE DOB Breehl Trevor James 01/01/99			
ADDRESS 4497 Sherman Rd	ADDRESS 556 W 1 st St			
CITY, STATE, ZIP Kent, OH 44240	CITY, STATE, ZIP Whitinsville, OH 44683			
PHONE NUMBER	PHONE NUMBER			
DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE NUMBER			
STATE OH	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 Same	CITY, STATE, ZIP Same			
PHONE NUMBER	PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR Chevy Silverado WHIT	VEHICLE YEAR MAKE MODEL COLOR Kia R5 Gray			
LICENSE PLATE NUMBER STATE HYA 7109 OH	LICENSE PLATE NUMBER STATE BREEHL OH			
INSURANCE COMPANY Geico 4458960947	INSURANCE COMPANY Geico 4502477831			
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 checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT DAMAGED			

DESCRIBE HOW ACCIDENT OCCURRED

Vehicle No 1 was parked in front of Vehicle No 2. Vehicle 1 then began backing up and struck Vehicle 2. Vehicle 1 admitted to being at fault for improper backing.

Vehicle 2 had front and left side damage to their vehicle. Vehicle 1 did not claim any damage.

OFFICER /SUPERVISOR SIGNATURE
[Signature] 252/Lt. *[Signature]* # 228

