



CR NUMBER 25-15366	ACCIDENT DATE 10-25-25	ACCIDENT TIME 1344	DAY OF WEEK SAT	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) Muni Lot, College @ Franklin				WEATHER Clear
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Leftler, Keith, M. 08-14-95	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 125 Short St	ADDRESS			
CITY, STATE, ZIP Kent OH 44240	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Leftler, Lyndon D.	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Haltner, Scott			
ADDRESS 5802 Glad Blvd.	ADDRESS 5120 Lambert Rd			
CITY, STATE, ZIP Kent OH 44240	CITY, STATE, ZIP PHONE NUMBER Atwater OH 44201			
VEHICLE YEAR MAKE MODEL COLOR 2017 Ford Fusion Silver	VEHICLE YEAR MAKE MODEL COLOR 2021 VW Atlas White			
LICENSE PLATE HUR4880 OH	LICENSE PLATE 5JG-3611 OH			
INSURANCE COMPANY Grange 530-2723	INSURANCE COMPANY State Farm 432-4349-SFP-35			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Scratches/scrapes	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Scratches/scrapes			
DESCRIBE HOW ACCIDENT OCCURRED Unit 2 was parked, unoccupied. Unit 1 was backing out of a parking space and backed into Unit 2.				
<div> <div> <div>OFFICER / SUPERVISOR SIGNATURE [Signature] #214</div> <div> <div>SKETCH HOW ACCIDENT OCCURRED Not to Scale</div> <div>  </div> </div> <div> <div>INDICATE NORTH BY ARROW </div> <div>W. College Ave</div> </div> </div> </div>				