

CR NUMBER 21-3250	ACCIDENT DATE 3-4-21	ACCIDENT TIME 1539	DAY OF WEEK Thursday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 5221 Sunnybrook Rd Kent OH 44240			WEATHER Cloudy / Dry	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Buckson, Sophia 8-20-89	DRIVER LAST FIRST MIDDLE DOB Parked Vehicle			
ADDRESS 1604 E. Main St #2	ADDRESS			
CITY, STATE, ZIP Kent, OH 44240	PHONE NUMBER	CITY, STATE, ZIP	PHONE NUMBER	
DRIVER'S LIC#/NSF#/IMR#	STATE	DRIVER'S LICENSE NUMBER	STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Jeffrey Leim III	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Gorham, Dixie			
ADDRESS 6797 Pontius St NE	ADDRESS 100 North Ave #208			
CITY, STATE ZIP Hartsville OH 44632	PHONE NUMBER	CITY, STATE, ZIP Tallmadge OH 44778	PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR 2005 Chev 9500 WHITE	VEHICLE YEAR MAKE MODEL COLOR 2003 Hyundai 4S Silver			
LICENSE PLATE NUMBER STATE HXL 9195 OH	LICENSE PLATE NUMBER STATE HKS 2677 OH			
INSURANCE COMPANY Safe Co 614-331-0276	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			

DESCRIBE HOW ACCIDENT OCCURRED

Unit #1 was moving furniture into the apartment complex. Unit #2 was parked in a parking spot. Unit #1 backed into Unit #2.

OFFICER /SUPERVISOR SIGNATURE [Signature] #246 / Lt. [Signature] #228	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW NOT TO SCALE
		