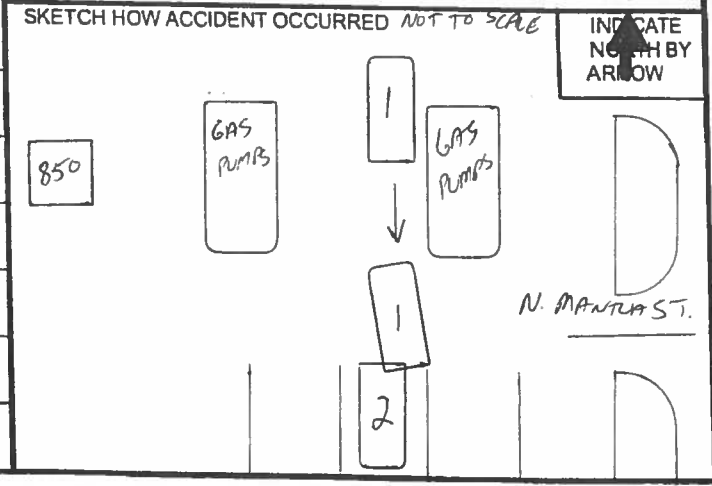


CR NUMBER 20-5589	ACCIDENT DATE 3-19-2020	ACCIDENT TIME 1116	DAY OF WEEK THURS	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 850 N. MANTUA ST. KENT, OH 44240			WEATHER NO ADVERSE	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB BROWN, STEVE ALVIN 7-14-1967	DRIVER LAST FIRST MIDDLE DOB PARQUET / UNOCCUPIED			
ADDRESS 645 YACAVONA ST.	ADDRESS			
CITY, STATE, ZIP KENT, OH 44240	PHONE NUMBER		CITY, STATE, ZIP BARBERTON, OH 44203	
DRIVER'S LICENSE NUMBER RT927532	STATE OH		DRIVER'S LICENSE NUMBER STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE BROWN, KIMIKO	VEHICLE OWNER'S NAME LAST FIRST MIDDLE SIMS, TRACY L.			
ADDRESS 645 YACAVONA ST.	ADDRESS 191 AUSTIN DRIVE CT APT. C			
CITY, STATE ZIP KENT, OH 44240	PHONE NUMBER		CITY, STATE, ZIP BARBERTON, OH 44203	
VEHICLE YEAR MAKE MODEL COLOR 1989 CHEVY SILVERADO RED	VEHICLE YEAR MAKE MODEL COLOR 2015 FORD FOCUS GRAY			
LICENSE PLATE NUMBER STATE HOP 2050 OH	LICENSE PLATE NUMBER STATE GPG9371 OH			
INSURANCE COMPANY NATIONAL GENERAL / 206125141	INSURANCE COMPANY STATE FARM / 909 9199 F23 35			
PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED NONE	PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED			

DESCRIBE HOW ACCIDENT OCCURRED

UNIT 2 WAS PARKED IN A PARKING SPOT AT 850 N. MANTUA ST. (CIRCLE K NORTH). UNIT 1 BACKED INTO UNIT 2.



OFFICER / SUPERVISOR SIGNATURE
OFC. [Signature] #238