

CR NUMBER 21-4985	ACCIDENT DATE 03-30-21	ACCIDENT TIME 1454	DAY OF WEEK TUE	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1005 E. Main St (Parking Lot)			WEATHER Clear	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Coleman, Jordan, E. 12-28-00			DRIVER LAST FIRST MIDDLE DOB D'Amico, Kristen A. 12-28-97	
ADDRESS 1061 Fraternity Circle			ADDRESS 7964 State St	
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240			CITY, STATE, ZIP PHONE NUMBER Garrettsville OH 44231	
DRIVER'S LICENSE NUMBER STATE OH			DRIVER'S LICENSE NUMBER STATE OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Coleman, Kathleen L.			VEHICLE OWNER'S NAME LAST FIRST MIDDLE Conard, Angela M.	
ADDRESS 3317 E. Stoneway Pr.			ADDRESS 11962 Bronus Rd.	
CITY, STATE ZIP PHONE NUMBER Sandusky OH 44870			CITY, STATE, ZIP PHONE NUMBER Garrettsville OH 44231	
VEHICLE YEAR MAKE MODEL COLOR 2011 Ford Flex Blue			VEHICLE YEAR MAKE MODEL COLOR 2013 Dodge Caravan Black	
LICENSE PLATE NUMBER STATE			LICENSE PLATE NUMBER STATE OH	
INSURANCE COMPANY Allstate # 992 191211			INSURANCE COMPANY State Farm # 9766919F1135A	
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 type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Bumper scratches	
DESCRIBE HOW ACCIDENT OCCURRED Unit 1 was behind unit 2 in the drive through at Starbucks (1005 E. Main St.) Unit 1 crept forward and struck the rear of unit 2 causing minor damage. No damage to unit 1.				
OFFICER/SUPERVISOR SIGNATURE 			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW ↑ N ↑ *Not to scale	
			← ← ← (2) (1)	
			1005 E. Main St.	
			↑ DRIVE ↑	