

CR NUMBER <b>21-7262</b>	ACCIDENT DATE <b>5-8-2021</b>	ACCIDENT TIME <b>9:23 am</b>	DAY OF WEEK <b>Saturday</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>1421 Stratford Dr</b>			WEATHER <b>Rain</b>	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB <b>Coz Mario C 1-17-01</b>	DRIVER LAST FIRST MIDDLE DOB <b>Parfejwicc Nicolas 6/21/97</b>			
ADDRESS <b>1970 Stratford Dr</b>	ADDRESS <b>1421 Stratford Dr</b>			
CITY, STATE, ZIP PHONE NUMBER <b>Kent, OH 44240</b>	CITY, STATE, ZIP PHONE NUMBER <b>Kent, OH 44240</b>			
DRIVER'S SOCIAL SECURITY NUMBER <b>N/A</b>	DRIVER'S SOCIAL SECURITY NUMBER <b>L</b>			
DRIVER'S LICENSE NUMBER STATE <b>N/A</b>	DRIVER'S LICENSE NUMBER STATE <b>OH</b>			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Same</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Same</b>			
ADDRESS	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR <b>2017 Ford Escape Red</b>	VEHICLE YEAR MAKE MODEL COLOR <b>2020 TOYT Tundra Tan</b>			
LICENSE PLATE NUMBER STATE <b>7W5857 TN</b>	LICENSE PLATE NUMBER STATE <b>SAT2065 OH</b>			
INSURANCE COMPANY <b>N/A</b>	INSURANCE COMPANY <b>Allstate</b>			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED <b>Unit #2 was pulling from parking garage. Unit #1 drove at a reported high speed and struck Unit #2. Unit #1 had no license or insurance.</b>				
SKETCH HOW ACCIDENT OCCURRED 				
OFFICER/SUPERVISOR SIGNATURE <b>[Signature] #255</b>				