

CR NUMBER 22-7026	ACCIDENT DATE 09/09/22	ACCIDENT TIME 1145	DAY OF WEEK WED	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 301 S DEPEYSTER ST	WEATHER CLOUDY
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST JOHN	FIRST KEVIN	MIDDLE C	DOB 07/31/78		DRIVER LAST KLIMPS	FIRST DAVID	MIDDLE M	DOB 10/30/68	
ADDRESS 524 LONGMEAD DR					ADDRESS 5591 LINCOLN CENTER BLVD				
CITY, STATE, ZIP KENT OH 44240			PHONE NUMBER		CITY, STATE, ZIP DUBLIN OH 43016			PHONE NUMBER	
DRIVER'S LICENSE NUMBER				STATE OH	DRIVER'S LICENSE NUMBER				STATE OH
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME				VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME					
ADDRESS					ADDRESS				
CITY, STATE ZIP			PHONE NUMBER		CITY, STATE ZIP			PHONE NUMBER	
VEHICLE YEAR 19	MAKE SUB.	MODEL FORN.	COLOR GRY		VEHICLE YEAR 13	MAKE CHEV	MODEL CRUZE	COLOR WHT	
LICENSE PLATE NUMBER JNE7690		STATE OH			LICENSE PLATE NUMBER FYP1781		STATE OH		
INSURANCE COMPANY ERIE					INSURANCE COMPANY PROGRESSIVE				
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT BUMPER					PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT BUMPER				

DESCRIBE HOW ACCIDENT OCCURRED
 UNIT 1 WAS BACKING OUT OF A PARKING SPOT. UNIT 1 BACKED INTO UNIT 2 WHICH WAS STOPPED IN THE LOT.

OFFICER /SUPERVISOR SIGNATURE PTL PARVAH #221 293	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW
	301 S DEPEYSTER ST	