

CR NUMBER 22-18308	ACCIDENT DATE 10/29/22	ACCIDENT TIME 1302	DAY OF WEEK SAT	<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) College Towers 1800 Rhodes Rd.	WEATHER No Adverse
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB Kabir Mohammad Lutful 11/20/88	DRIVER LAST FIRST MIDDLE DOB Nicholas McKenzie Faith Danielle 2/26/04								
ADDRESS 1840 Rhodes Rd. Apt 261	ADDRESS 1242 N. Mantua St.								
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240	CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240								
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH								
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same as driver	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same as driver								
ADDRESS	ADDRESS								
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER								
VEHICLE YEAR MAKE MODEL COLOR 2014 Mazda CX5 Black	VEHICLE YEAR MAKE MODEL COLOR 2007 Chevy Cobalt Gray								
LICENSE PLATE NUMBER STATE JUN 2161 OH	LICENSE PLATE NUMBER STATE JXA 3043 OH								
INSURANCE COMPANY Geico	INSURANCE COMPANY Safe Auto								
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" 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 driving SB through the parking lot of College Towers behind building 1800. Unit 2 backed out of a parking space and struck Unit 1 as it was driving by.

OFFICER/SUPERVISOR SIGNATURE Ofc [Signature] #251 JLI [Signature] #228	SKETCH HOW ACCIDENT OCCURRED 
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