

CR NUMBER 22-17718	ACCIDENT DATE 10-19-22	ACCIDENT TIME 1628	DAY OF WEEK Wednesday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1763 E. Main St.			WEATHER	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Alexander, John E. 9-5-44	DRIVER LAST FIRST MIDDLE DOB Mathieu-Kerns, Lyliane D. 4-24-38			
ADDRESS 1730 Rugg St.	ADDRESS 732 Avondale St.			
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240	CITY, STATE, ZIP PHONE NUMBER Kent OH 44240 330			
DRIVER'S LICENSE NUMBER STATE	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 MAKE MODEL COLOR 2019 Jeep Cherokee Gray	VEHICLE YEAR MAKE MODEL COLOR 2012 Mazda 3 Silver			
LICENSE PLATE NUMBER STATE HNB 8786 OH	LICENSE PLATE NUMBER STATE 7LME OH			
INSURANCE COMPANY Farmers Pol # 191063934	INSURANCE COMPANY Westfield			
PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT VEHICLE DAMAGED Pass Side	PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED No Damage			
DESCRIBE HOW ACCIDENT OCCURRED Unit #1 was stopped in the lane facing East in front of Drug Mart. Unit #2 was parked in front of Drug Mart facing South, in a marked parking space. Unit #2 began backing in a Northbound direction of travel and struck Unit #1.				
OFFICER /SUPERVISOR SIGNATURE T. Cole / 11-2-23			SKETCH HOW ACCIDENT OCCURRED	
			<p style="text-align: right;">INDICATE NORTH BY ARROW</p> <p style="text-align: right;">NOT TO SCALE</p>	