

CR NUMBER 16-10391	ACCIDENT DATE 05-06-16	ACCIDENT TIME 1204	DAY OF WEEK Friday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1645 Franklin Ave.			WEATHER No Adverse	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Foxt, Kristian B. 12-28-91		DRIVER LAST FIRST MIDDLE DOB Unknown		
ADDRESS 1645 Franklin Ave. #6		ADDRESS		
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240 816-689-7929		CITY, STATE, ZIP PHONE NUMBER		
DRIVER'S LICENSE NUMBER STATE TH632511 OH		DRIVER'S LICENSE NUMBER STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same		VEHICLE OWNER'S NAME LAST FIRST MIDDLE Unknown		
ADDRESS		ADDRESS		
CITY, STATE ZIP PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER		
VEHICLE YEAR MAKE MODEL COLOR 2013 Subaru Impreza Silver		VEHICLE YEAR MAKE MODEL COLOR Red		
LICENSE PLATE NUMBER STATE 395YRH OH		LICENSE PLATE NUMBER STATE		
INSURANCE COMPANY USAA		INSURANCE COMPANY		
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 type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT		
DESCRIBE HOW ACCIDENT OCCURRED Vehicle #1 was parked in the parking of 1645 Franklin Ave. facing North. Vehicle #1 began backing and struck Vehicle #2 which was driving in a westbound direction through the parking lot. Vehicle #2 exited the parking lot / left the crash scene.				
OFFICER / SUPERVISOR SIGNATURE T. Cole		SKETCH HOW ACCIDENT OCCURRED 		