

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.				
SKETCH HOW ACCIDENT OCCURRED <div style="float: right; border: 1px solid black; padding: 2px; font-size: small;"> INDICATE NORTH BY ARROW NOT TO SCALE </div>				
OFFICER /SUPERVISOR SIGNATURE T. Cole <i>[Signature]</i>				