

CR NUMBER <b>16-25534</b>	ACCIDENT DATE <b>11-15-16</b>	ACCIDENT TIME <b>1815</b>	DAY OF WEEK <b>TUES</b>	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>1337 S. WADSWORTH ST.</b>			WEATHER <b>CLEAR</b>	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB <b>SPURLOCK, CORRESSA, L. 10-07-88</b>	DRIVER LAST FIRST MIDDLE DOB <b>BROWN, DANIEL, S. 12-12-70</b>			
ADDRESS <b>1534 STATESMAN PL.</b>	ADDRESS <b>661 UCB FORGE RD.</b>			
CITY, STATE, ZIP <b>KENT, OH 44240</b>	CITY, STATE, ZIP <b>KENT, OH 44240</b>			
PHONE NUMBER <b>(216) 347-9787</b>	PHONE NUMBER <b>(330) 274-7579</b>			
DRIVER'S LICENSE NUMBER <b>SX284214</b>	DRIVER'S LICENSE NUMBER <b>RJ671680</b>			
STATE <b>OH</b>	STATE <b>OH</b>			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>SAME</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>SAME</b>			
ADDRESS	ADDRESS <b>SAME</b>			
CITY, STATE ZIP	CITY, STATE, ZIP			
PHONE NUMBER	PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR <b>06 DODGE CARAVAN SIL</b>	VEHICLE YEAR MAKE MODEL COLOR <b>95 FORD EXPLORER BLUE</b>			
LICENSE PLATE NUMBER STATE <b>GNG4347 OH</b>	LICENSE PLATE NUMBER STATE <b>FJF2640 OH</b>			
INSURANCE COMPANY <b>AMERICAN STANDARD</b>	INSURANCE COMPANY <b>STATE AUTO</b>			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>BUMPER</b>	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>NONE</b>			
DESCRIBE HOW ACCIDENT OCCURRED <b>VEHICLE #1 WAS PARKED IN FRONT OF THE KENT FUEL + MENE MARS. VEHICLE #2 BACKED UP AND STRUCK VEHICLE #1 CAUSING DAMAGE TO IT.</b>				
OFFICER /SUPERVISOR SIGNATURE <b>Gorsen #245</b>		SKETCH HOW ACCIDENT OCCURRED		
		INDICATE NORTH BY ARROW ↑		
		<b>PARKING LOT</b>		
				
		<b>STORE</b>		