

CR NUMBER 16-25534	ACCIDENT DATE 11-15-16	ACCIDENT TIME 1815	DAY OF WEEK TUES	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1337 S. WADSWORTH ST.			WEATHER CLEAR	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB SPURLOCK, CRESSA, L. 10-07-88	DRIVER LAST FIRST MIDDLE DOB BROWN, DAVE, S. 12-12-70			
ADDRESS 1534 STATESMAN PL.	ADDRESS 661 UCB FORGE RD.			
CITY, STATE, ZIP KENT, OH 44240	CITY, STATE, ZIP KENT, OH 44240			
PHONE NUMBER (216) 347-9787	PHONE NUMBER (330) 274-7579			
DRIVER'S LICENSE NUMBER SX284214	DRIVER'S LICENSE NUMBER RT671680			
STATE OH	STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME	VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME			
ADDRESS	ADDRESS SAME			
CITY, STATE ZIP	CITY, STATE, ZIP			
PHONE NUMBER	PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 06 DODGE CARAVAN SIL	VEHICLE YEAR MAKE MODEL COLOR 95 FORD EXPLORER BLUE			
LICENSE PLATE NUMBER STATE GNG4347 OH	LICENSE PLATE NUMBER STATE FJF2640 OH			
INSURANCE COMPANY AMERICAN STANDARD	INSURANCE COMPANY SAFE AUTO			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input 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 NONE			
DESCRIBE HOW ACCIDENT OCCURRED VEHICLE #1 WAS PARKED IN FRONT OF THE KENT FUEL + MENE MARS. VEHICLE #2 BACKED UP AND STRUCK VEHICLE #1 CAUSING DAMAGE TO IT.				
OFFICER / SUPERVISOR SIGNATURE GORDON #245		SKETCH HOW ACCIDENT OCCURRED <div style="text-align: right;"> INDICATE NORTH BY ARROW ↑ </div> <div style="text-align: center;"> PARKING LOT </div> <div style="text-align: right;"> </div> <div style="text-align: right;"> STORE </div>		