


CR NUMBER 17-6803	ACCIDENT DATE 3-30-17	ACCIDENT TIME 1219	DAY OF WEEK THU	DAYLIGHT <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 No Adverse
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Brown, Theodore D. 1-20-47		DRIVER LAST FIRST MIDDLE DOB Fertig, Glenn E. 01-11-52		
ADDRESS 710 Woodgate Blvd. Apt. 101		ADDRESS 737 W. Main ST.		
CITY, STATE, ZIP PHONE NUMBER Ravenna OH 44266 330256-6389		CITY, STATE, ZIP PHONE NUMBER Kent OH 44240 330678-8722		
DRIVER'S LICENSE NUMBER STATE RL302518 OH		DRIVER'S LICENSE NUMBER STATE QD682144 OH		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Portage Area RTA		VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same		
ADDRESS 2000 Summit ST.		ADDRESS 2006		
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240 330678-1287		CITY, STATE, ZIP PHONE NUMBER 2006		
VEHICLE YEAR MAKE MODEL COLOR 2010 Chev Pass. Bus White		VEHICLE YEAR MAKE MODEL COLOR Ford Freestyle Gray		
LICENSE PLATE NUMBER STATE 6689FP OH		LICENSE PLATE NUMBER STATE 306YWN OH		
INSURANCE COMPANY Ohio Transit Risk Pool		INSURANCE COMPANY United Ohio Insurance		
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Drivers Door		PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Bumper		
DESCRIBE HOW ACCIDENT OCCURRED Vehicle #1 was stopped facing West at the front door of 1763 E. Main ST. Vehicle #2 was parked facing South in a marked parking space. Vehicle #2 began backing in a Northbound direction and struck Vehicle #1.				
		SKETCH HOW ACCIDENT OCCURRED		
		Drug Mart 1763 E. Main ST.		
				
		Parking Lot		
OFFICER/SUPERVISOR SIGNATURE T. Cole				