

CR NUMBER 17-9319	ACCIDENT DATE 5-1-17	ACCIDENT TIME 1513	DAY OF WEEK MON	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 436 E. Main St Kent OH 44240			WEATHER	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Vanderpool, Rebecca S 6-22-62			DRIVER LAST FIRST MIDDLE DOB Castwell, Joanne E. 12-16-81	
ADDRESS 6615 Cleveland Rd Lot H8			ADDRESS 1758 Crock Dr	
CITY, STATE, ZIP PHONE NUMBER Ravenna OH 44266 330966309			CITY, STATE, ZIP PHONE NUMBER Streetsboro, OH 44246 330885759	
DRIVER'S LICENSE NUMBER STATE RK 412434 OH			DRIVER'S LICENSE NUMBER STATE SC371983 OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same			VEHICLE OWNER'S NAME LAST FIRST MIDDLE Herda, Timothy	
ADDRESS			ADDRESS 5174 Old Lane Rd	
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER Geneva, OH 44041 3303190470	
VEHICLE YEAR MAKE MODEL COLOR 2017 Dodge Grand Caravan Maroon			VEHICLE YEAR MAKE MODEL COLOR 2002 mits Galant Blue	
LICENSE PLATE NUMBER STATE GGE 4166 OH			LICENSE PLATE NUMBER STATE FTR 9424 OH	
INSURANCE COMPANY Home owners ins.			INSURANCE COMPANY	
PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED Rear Passenger door			PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED Driver side Rear Bumper	
DESCRIBE HOW ACCIDENT OCCURRED				
<p>On today's date, Unit #1 was traveling E/B in the back row of Starbucks parking lot. Unit #2 was parked a while backing out struck unit #1. There were no injuries claimed on scene.</p>				
The driver of Unit #2 has not provided proof of insurance at the time of this report.			SKETCH HOW ACCIDENT OCCURRED Not to Scale 	
OFFICER / SUPERVISOR SIGNATURE Brooks 215 / Sgt J. Emerson			INDICATE NUMBER BY ARROW 1 2	

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