

|   |   |                       |  |  |
|---|---|-----------------------|--|--|
| CR NUMBER<br>17-9319  | ACCIDENT DATE<br>5-1-17   | ACCIDENT TIME<br>1513 | DAY OF WEEK<br>MON                           | <input checked="" type="checkbox"/> DAYLIGHT<br><input type="checkbox"/> DAWN OR DUSK<br><input type="checkbox"/> DARK |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)<br>436 E. Main St Kent OH 44240  |   |                       | WEATHER                                      |  |
| VEHICLE NO. 1   |   |                       | VEHICLE NO. 2 (OR PROPERTY DAMAGED)          |  |
| DRIVER LAST FIRST MIDDLE DOB<br>Vanderpool, Rebecca S 6-22-62   | DRIVER LAST FIRST MIDDLE DOB<br>Castwell, Joanne E. 12-16-81  |                       |  |  |
| ADDRESS<br>6615 Cleveland Rd Lot K8   | ADDRESS<br>1758 Crock Dr  |                       |  |  |
| CITY, STATE, ZIP PHONE NUMBER<br>Ravenna OH 44266 3302966309  | CITY, STATE, ZIP PHONE NUMBER<br>Streetsboro, OH 44246 3308885759   |                       |  |  |
| DRIVER'S LICENSE NUMBER STATE<br>RK 412434 OH   | DRIVER'S LICENSE NUMBER STATE<br>SC371983 OH  |                       |  |  |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE<br>Same  | VEHICLE OWNER'S NAME LAST FIRST MIDDLE<br>Herda, Timothy  |                       |  |  |
| ADDRESS   | ADDRESS<br>5174 Old Lane Rd   |                       |  |  |
| CITY, STATE ZIP PHONE NUMBER  | CITY, STATE, ZIP PHONE NUMBER<br>Geneva, OH 44041 3303190470  |                       |  |  |
| VEHICLE YEAR MAKE MODEL COLOR<br>2017 Dodge GrandCaravan Maroon   | VEHICLE YEAR MAKE MODEL COLOR<br>2002 Mits Galant Blue  |                       |  |  |
| LICENSE PLATE NUMBER STATE<br>GGE 4166 OH   | LICENSE PLATE NUMBER STATE<br>FTR 9424 OH   |                       |  |  |
| INSURANCE COMPANY<br>Home owners ins.   | INSURANCE COMPANY   |                       |  |  |
| PARTS OF VEHICLE DAMAGED<br><input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT<br>Rear Passenger door     | PARTS OF VEHICLE DAMAGED<br><input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT<br>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<br>Not to scale |  |
|   |   |                       |  |  |
| OFFICER / SUPERVISOR SIGNATURE<br>Brooks 215 / Sgt J. [Signature]   |   |                       |  |  |

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