

CR NUMBER 17-7583	ACCIDENT DATE 4/09/17	ACCIDENT TIME 1304	DAY OF WEEK Sun.	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 5241 Sunnybrook Rd. (Parking Lot)			WEATHER No Adverse	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Sally, Lydia, G. 5/28/43			DRIVER LAST FIRST MIDDLE DOB	
ADDRESS 5241 Sunnybrook Rd #B18			ADDRESS	
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240 (330)620-5372			CITY, STATE, ZIP PHONE NUMBER	
DRIVER'S LICENSE NUMBER STATE RS179442 OH			DRIVER'S LICENSE NUMBER STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same			VEHICLE OWNER'S NAME LAST FIRST MIDDLE GABLES OF KENT RIDGE	
ADDRESS			ADDRESS 5241 Sunnybrook Rd.	
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240 (330)677-4040	
VEHICLE YEAR MAKE MODEL COLOR 2005 Chev. Equinox Red			VEHICLE YEAR MAKE MODEL COLOR	
LICENSE PLATE NUMBER STATE BV49AV OH			LICENSE PLATE NUMBER STATE	
INSURANCE COMPANY Allstate			INSURANCE COMPANY	
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Undercarriage			PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Handicap Sign	
DESCRIBE HOW ACCIDENT OCCURRED AS UNIT 1 WAS PULLING INTO THE PARKING LOT/PARKING SPACE, THE DRIVER HIT THE GAS PEDAL INSTEAD OF THE BREAK. THE VEHICLE RAN OVER THE CINDER BLOCK AND HANDICAP SIGN AND INTO THE GRASS. DAMAGE WAS CAUSED TO UNIT 1 AND THE HANDICAP SIGN; NO INJURIES REPORTED.				
OFFICER/SUPERVISOR SIGNATURE Off. Llewellyn #242 / A / #228			SKETCH HOW ACCIDENT OCCURRED	
			<div style="border: 1px solid black; padding: 2px; display: inline-block;">             INDICATE NORTH BY ARROW           </div>	