

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
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 5241 Sunnybrook Rd. (Parking Lot)	WEATHER No Adverse
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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 Det. Llewellyn #242 / [Signature] #228	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW