

CR NUMBER 17-15915	ACCIDENT DATE 8-1-17	ACCIDENT TIME 1631	DAY OF WEEK TUE	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 360 E. Summit St. Kent, OH 44240			WEATHER Clear	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Camp William F (SR) 6-21-34	DRIVER LAST FIRST MIDDLE DOB Buzbee Carol L. 2-23-1958			
ADDRESS 360 E. Summit St. Apt. #608			ADDRESS 163 E. Main St. Apt. #2	
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240 (330) 474-7872			CITY, STATE, ZIP PHONE NUMBER Ravenna, OH 44266 (330) 631-8718	
DRIVER'S LICENSE NUMBER STATE RS177577 OH			DRIVER'S LICENSE NUMBER STATE RT601498 OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME			VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME	
ADDRESS			ADDRESS	
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR 2016 Chevrolet Malibu Silver	VEHICLE YEAR MAKE MODEL COLOR 2015 Chevrolet Sonic Red			
LICENSE PLATE NUMBER STATE HBW5338 OH	LICENSE PLATE NUMBER STATE GPH7403 OH			
INSURANCE COMPANY Progressive - 913895928			INSURANCE COMPANY State Farm - 725432502935D	
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT →			PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT ↗	
DESCRIBE HOW ACCIDENT OCCURRED Both Units were in reverse at the time of the accident. Unit #2 was backing out of a parking space when the accident occurred. Unit #1 was in reverse, attempting to straighten out the vehicle prior to parking. Right rear passenger in Unit #2 stated they had some lower back pain as a result of the collision. This pass. advised they had on their seatbelt.				
RR pass. info: Abraham J. Billings DL: RQ336346 1049 1 ST ST. Massillon, OH 44646 (330) 809-3061			SKETCH HOW ACCIDENT OCCURRED 360 E. Summit St. Kentway Parking Lot 	
OFFICER / SUPERVISOR SIGNATURE Ptl. Jones #214 / [Signature] #241			INDICATE NORTH BY ARROW ↓ N Drawing not to scale	