

CR NUMBER 17-18133	ACCIDENT DATE 09-01-17	ACCIDENT TIME 1129	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 281 Indian Valley Dr.			WEATHER Clear	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB Leek, Heather M. 12-01-86			
ADDRESS	ADDRESS 271 Indian Valley Dr.			
CITY, STATE, ZIP	CITY, STATE, ZIP Kent OH 44240			
PHONE NUMBER	PHONE NUMBER 330-842-2693			
DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE NUMBER SN867582			
STATE	STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same			
ADDRESS	ADDRESS			
CITY, STATE, ZIP	CITY, STATE, ZIP			
PHONE NUMBER	PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR 2005 Pontiac G6 Black			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE FZU1653 OH			
INSURANCE COMPANY	INSURANCE COMPANY First Acceptance #NS0406057194			
PARTS OF VEHICLE DAMAGED	PARTS OF VEHICLE DAMAGED			
<input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	<input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED Unit 1 was parked on the south side of Indian Valley Dr. in front of 281 Indian Valley Dr. Unit 2 was traveling eastbound on Indian Valley Dr. and struck unit 1.				
OFFICER/SUPERVISOR SIGNATURE		SKETCH HOW ACCIDENT OCCURRED 		
#216 / #228		INDICATE NORTH BY ARROW Indian Valley Dr.		