

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	PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER Kent OH 44240 330-842-2693	
DRIVER'S LICENSE NUMBER	STATE		DRIVER'S LICENSE NUMBER STATE SN867582 OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same			
ADDRESS	ADDRESS 16648 Pioneer Rd			
CITY, STATE ZIP	PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER Middlefield OH 44062 440-313-7589	
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 Allstate 992548658			
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 Heavy Damage			
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 [Signature] #216 / [Signature] #228		SKETCH HOW ACCIDENT OCCURRED		INDICATE NORTH BY ARROW
				281 Indian Valley 182 Indian Valley