

CR NUMBER 17-21295	ACCIDENT DATE 10/17/17	ACCIDENT TIME 0845	DAY OF WEEK TUE	<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) 5694 Rhodes Rd. Eastside of University Edge	WEATHER No adverse
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
Torres-Gonzalez	Cristina	Sofia	10/18/97		Westbrook	Leandra	Lynn	4/9/97	
ADDRESS 5694 Rhodes Rd Apt 6120					ADDRESS 5694 Rhodes Rd Apt 6350				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
Kent, OH 44240			787-415-6164		Kent, OH 44240			419-677-6103	
DRIVER'S LICENSE NUMBER			STATE		DRIVER'S LICENSE NUMBER			STATE	
UP 741840			OH		UC 388902			OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE					VEHICLE OWNER'S NAME LAST FIRST MIDDLE				
SAME AS DRIVER					Westbrook John J.				
ADDRESS					ADDRESS				
					2914 1/2 Neal Zick Rd.				
CITY, STATE ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
					Willard, OH 44890			567-224-4215	
VEHICLE	YEAR	MAKE	MODEL	COLOR	VEHICLE	YEAR	MAKE	MODEL	COLOR
	2017	Mitsubishi	Mirage	Silver		2009	Ford	Fusion	Silver
LICENSE PLATE		NUMBER	STATE		LICENSE PLATE		NUMBER	STATE	
		HEE 8610	OH				DZF 7953	OH	
INSURANCE COMPANY					INSURANCE COMPANY				
Esurance					Progressive				
PARTS OF VEHICLE DAMAGED	<input type="checkbox"/> FRONT	<input type="checkbox"/> REAR	<input type="checkbox"/> LEFT	<input checked="" type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED	<input type="checkbox"/> FRONT	<input checked="" type="checkbox"/> REAR	<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT

DESCRIBE HOW ACCIDENT OCCURRED

Unit 1 was driving NB through the parking lot of University Edge. Unit 2 began backing out of a parking space and struck Unit 1 in the right side. The drivers exchanged insurance information at the time of the accident. The driver of Unit 1 later decided she wanted a police report and both drivers came to KPD for the report.

OFFICER / SUPERVISOR SIGNATURE <i>[Signature]</i> #251 / <i>[Signature]</i> #255	SKETCH HOW ACCIDENT OCCURRED	<input checked="" type="checkbox"/> INDICATE NORTH BY ARROW <small>NOT TO SCALE</small>