

CR NUMBER <b>22-1911</b>	ACCIDENT DATE <b>2/8/22</b>	ACCIDENT TIME <b>12:00</b>	DAY OF WEEK <b>Tuesday</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>1450 E. SUMMIT ST. KENT, OHIO 44240</b>			WEATHER <b>Cloudy</b>	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB <b>Henline, Sibyl, N. 1/3/01</b>			
ADDRESS	ADDRESS <b>1450 E Summit St. #217 B</b>			
CITY, STATE, ZIP	CITY, STATE, ZIP <b>Kent, Ohio 4424</b>			
PHONE NUMBER	PHONE NUMBER			
DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE NUMBER			
STATE	STATE <b>Ohio</b>			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>UPDYKE, BRIAN J.</b>			
ADDRESS	ADDRESS <b>2938 Miramar RD.</b>			
CITY, STATE ZIP	CITY, STATE, ZIP <b>Beaver cove, OH 45431</b>			
PHONE NUMBER	PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR <b>2006 Toyota Highlander RED</b>			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE <b>HUU 8545 OHIO</b>			
INSURANCE COMPANY	INSURANCE COMPANY <b>NATIONWIDE</b>			
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 checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED <b>Unit #1 was parked in a spot. Unit #2 pulled into the spot to the left of unit #1, then backed out striking unit #1. Damage to both vehicles.</b>				
OFFICER / SUPERVISOR SIGNATURE <b>Sgt J. [Signature] 255</b>		SKETCH HOW ACCIDENT OCCURRED <b>1450 E. Summit St</b>		INDICATE NORTH BY ARROW 
				