

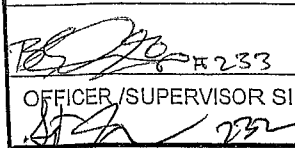
CR NUMBER 23-6581	ACCIDENT DATE 4-29-23	ACCIDENT TIME 0130	DAY OF WEEK Sat.	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1650 Mulberry Ct. Kent, OH 44240	WEATHER No adverse
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VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB Ford Justin	DRIVER LAST FIRST MIDDLE DOB Unoccupied
ADDRESS 1525 Fatima Dr.	ADDRESS
CITY, STATE, ZIP PHONE NUMBER Parma, OH 44134	CITY, STATE, ZIP PHONE NUMBER
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Ford Kimberly J	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Pagone Jamie
ADDRESS 1525 Fatima Dr.	ADDRESS 508 Shadow Ct.
CITY, STATE, ZIP PHONE NUMBER Parma, OH 44134	CITY, STATE, ZIP PHONE NUMBER Gibsonia, Pa 15044
VEHICLE YEAR MAKE MODEL COLOR 2016 Hyundai Sonata Silver	VEHICLE YEAR MAKE MODEL COLOR 2011 Mercedes E-Class White
LICENSE PLATE NUMBER STATE JHN 6072 OH	LICENSE PLATE NUMBER STATE DKA 8497 PA
INSURANCE COMPANY	INSURANCE COMPANY
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

Driver was involved in a separate incident and was driving away quickly from his parking spot when he struck Unit #2 in the rear.

OFFICER / SUPERVISOR SIGNATURE 	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW	
	