

CR NUMBER 22-16125	ACCIDENT DATE 9/27/22	ACCIDENT TIME 1011	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) Starbucks 1005 E main st. Kent, OH 44240			WEATHER Clear	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Russell David A 1/4/96	DRIVER LAST FIRST MIDDLE DOB Messing Emma C 8/10/60			
ADDRESS 504 Needham Ave	ADDRESS 6554 Dunbarton Dr			
CITY, STATE, ZIP Kent, OH 44240	CITY, STATE, ZIP Hudson, OH 44236			
DRIVER'S LICENSE NUMBER OH	DRIVER'S LICENSE NUMBER OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Spang AS Driver	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Messing Michelle L			
ADDRESS	ADDRESS 6554 Dunbarton Dr			
CITY, STATE ZIP Kent, OH 44240	CITY, STATE, ZIP Hudson, OH 44236			
VEHICLE YEAR MAKE MODEL COLOR 2012 Nissan Mexican Silver	VEHICLE YEAR MAKE MODEL COLOR 2010 TRV RAV4 BLK			
LICENSE PLATE NUMBER STATE HSY3179 OH	LICENSE PLATE NUMBER STATE GXW1685 OH			
INSURANCE COMPANY OSAA	INSURANCE COMPANY Statefarm			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT REAR	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT REAR			
DESCRIBE HOW ACCIDENT OCCURRED				
<p>Unit #2 was stationary in the parking lot of 1005 E. Main.</p> <p>Unit #1 was traveling N/B through the parking lot. The driver of the vehicle (Unit #1) had a medical emergency (Seizure).</p> <p>Unit #1 struck the rear of Unit #2 then struck a pole on the north end of the parking lot</p>				
		SKETCH HOW ACCIDENT OCCURRED Parking lot of 1005 E. main st.		INDICATE NORTH BY ARROW ↑ N "Not to Scale"
OFFICER /SUPERVISOR SIGNATURE [Signature]				