

CR NUMBER 20-3683	ACCIDENT DATE 2-19-20	ACCIDENT TIME 1810	DAY OF WEEK WED	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 5694 Rhodes Rd. Kent OH 44240			WEATHER Cloudy	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB Palmer, Ashley N. 10/2/99			
ADDRESS	ADDRESS 1300 Chisrucci Ave #414B			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Kent OH 44243			
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE P-45607263076 MO			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Palmer, Linda J			
ADDRESS	ADDRESS 1333 Foxden Dr			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Rockville MO			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR 2016 Honda Civic Blk			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE 3DZ0863 MO			
INSURANCE COMPANY	INSURANCE COMPANY Nationwide 52195043218			
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 type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			

DESCRIBE HOW ACCIDENT OCCURRED
 On 2-19-2020 Unit #2 was backing into a parking spot next to Unit #1 when Unit #2 struck Unit #1. Unit #1 was unoccupied at the time.

SKETCH HOW ACCIDENT OCCURRED

5694 Rhodes Rd

Not to scale

INDICATE NORTH BY ARROW

OFFICER /SUPERVISOR SIGNATURE
 Brooks 215 *[Signature]* 0214