

CR NUMBER 23-4039	ACCIDENT DATE 3-14-23	ACCIDENT TIME 1743	DAY OF WEEK Tues.	<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 Snow	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Santillo Marisa Rose 12-1-2000	DRIVER LAST FIRST MIDDLE DOB Dib Adrian Niaf 10-28-2002			
ADDRESS 5694 Rhodes Rd. 2370	ADDRESS 5694 Rhodes Rd. 5220			
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240	CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240			
DRIVER'S LICENSE NUMBER STATE PA	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Manno Michelle Ann	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Dib Jean			
ADDRESS 3420 4th Ave Apt A	ADDRESS 5716 Kings Cross Cir NE			
CITY, STATE, ZIP PHONE NUMBER Beaver Falls PA 15010	CITY, STATE, ZIP PHONE NUMBER Canton, OH 44721			
VEHICLE YEAR MAKE MODEL COLOR 2016 Hyundai Elantra White	VEHICLE YEAR MAKE MODEL COLOR 2014 Acura MDX Black			
LICENSE PLATE NUMBER STATE HPY 3366 PA	LICENSE PLATE NUMBER STATE 66D9632 OH			
INSURANCE COMPANY State Farm	INSURANCE COMPANY Allstate			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Pass. side	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Driver side			
DESCRIBE HOW ACCIDENT OCCURRED				
Unit 1 was in the parking lot of 5694 Rhodes Rd. Unit 2 was also in the parking lot, in front unit 1. Unit 2 backed up in the parking lot, and struck unit 1.				
OFFICER /SUPERVISOR SIGNATURE [Signature] 124			SKETCH HOW ACCIDENT OCCURRED	