

CR NUMBER 21-14270	ACCIDENT DATE 8-31-21	ACCIDENT TIME 1639	DAY OF WEEK Tue	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1154 W. Main St			WEATHER Cloudy	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Clark, Lachaka, N 3/11/88	DRIVER LAST FIRST MIDDLE DOB Kings of Vapor			
ADDRESS 1233 1/2 Overbrook Dr	ADDRESS 1154 W. Main St			
CITY, STATE, ZIP Kent OH 44240	PHONE NUMBER	CITY, STATE, ZIP Kent, OH 44240	PHONE NUMBER 330-673-8273	
DRIVER'S LICENSE NUMBER	STATE OH	DRIVER'S LICENSE NUMBER	STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Day, Staci, L	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS 933 Lawrence Ct #304	ADDRESS			
CITY, STATE ZIP Kent, OH 44240	PHONE NUMBER	CITY, STATE, ZIP	PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR 2002 Dodge Neon Tan	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE N068817 OH	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY None	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input 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 type="checkbox"/> RIGHT Front Doors of Building			
DESCRIBE HOW ACCIDENT OCCURRED				
<p>Unit 1 was pulling into a parking spot in the parking lot of 1154 W. Main St, Facing the front doors. Unit 1 stated her foot slipped off the brake and the vehicle jumped the curb and struck the front doors of the business. The driver was found to not have a valid license or insurance. She was cited for reasonable control and DUS.</p>				
OFFICER /SUPERVISOR SIGNATURE [Signature]			SKETCH HOW ACCIDENT OCCURRED <div style="text-align: right;">INDICATE NORTH BY ARROW</div> <div style="text-align: center;"> </div>	