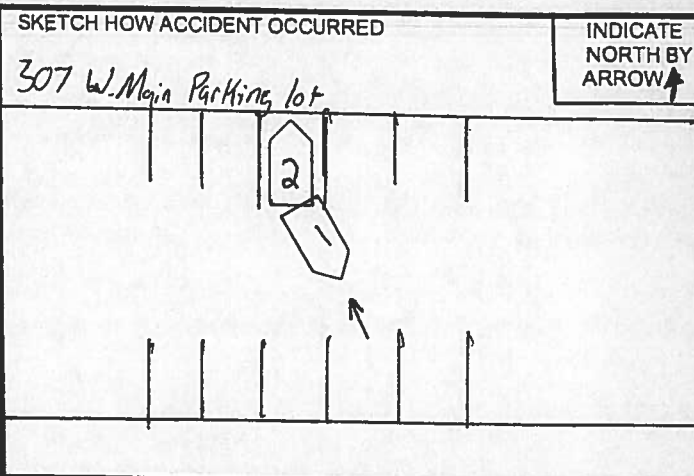


CR NUMBER 21-12068	ACCIDENT DATE 7-25-21	ACCIDENT TIME 1936	DAY OF WEEK Sunday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 307 W. Main St. Kent OH. 44240			WEATHER Clear	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Suto Emilee Kristin 10-15-01	DRIVER LAST FIRST MIDDLE DOB Unoccupied			
ADDRESS 5610 SR 14	ADDRESS			
CITY, STATE, ZIP Ravenna, OH 44266	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Suto Dwayne Emrick	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Amos Steven Michael			
ADDRESS 109 Linden St	ADDRESS 767 Beechwood Dr.			
CITY, STATE, ZIP Ravenna, OH 44266	CITY, STATE, ZIP PHONE NUMBER Tallmadge OH 44278			
VEHICLE YEAR MAKE MODEL COLOR 2008 Ford F150 White	VEHICLE YEAR MAKE MODEL COLOR 2015 Ford F150 black			
LICENSE PLATE NUMBER STATE JHZ3910 OH	LICENSE PLATE NUMBER STATE HYA6981 OH			
INSURANCE COMPANY Safe Co K3331756	INSURANCE COMPANY Progressive 51918324			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input 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

Unit 1 was backing out of a parking spot. Unit 2 was parked in a spot and not occupied. Unit 1 backed into unit 2, leaving a small dent.



OFFICER / SUPERVISOR SIGNATURE  
Ptl. [Signature] #216