KENT OHIO POLICE DEPARTMENT

## PRIVATE PROPERTY ACCIDENT REPORT

CR NUMBER	ACCIDENT	ACCIDEN	т	DAY OF	A DAYLIGHT
21-12955		TIME	40	WEEK	DAWN OR DUSK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) WEATHER					
407 E. Main ST. NO Adverse					
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB			DRIVER LAST FIRST MIDDLE DOB		
ADDRESS Rodney L.			ADDRESS	, Deboral	M. 9-10-71
1287 Shance Trl. CITY, STATE, ZIP PHONE NUMBER			GOI Simon Ln. Act. 104/ CITY, STATE, ZIP PHONE NUMBER		
STREETS borg GH 44241 DRIVER'S SOCIAL SECURITY NUMBER			DRIVER'S SOCIAL SECURITY NUMBER		
DRIVER'S LICENSE NUMBE	ER STA	TE	DRIVERSION		STATE
VEHICLE OWNER'S NAME		DLE	VEHICLE OWNE	R'S NAME LAST	
ADDRESS			ADDRESS		
CITY, STATE ZIP	PHONE NUMBE	R	CITY, STATE, ZI	P	PHONE NUMBER
,	MAKE MODEL COL	OR	VEHICLE Y		MODEL COLOR
2014 Honde CRV TRAL LICENSE PLATE NUMBER STATE			2015 NISSER VERSE Grey LICENSE PLATE NUMBER STATE		
HXH8318 OH INSURANCE COMPANY BIF			NO38116 OH INSURANCE COMPANY POLE		
INSURANCE COMPANY BI H					
PARTS OF BRONT & REAR BLEFT BRIGHT			PARTS OF - FRONT X REAR - LEFT - RIGHT VEHICLE		
DAMAGED Drive	r Side		DAMAGED	Passeng	er Side
DESCRIBE HOW ACCIDENT OCCORRED					
Vehicle # 1 was parked in Front of 407 E. Main ST., facing					
East. Vehicle #2 ans parked on the North side of					
Vehicle # and its also facing East. Vehicle 2 began					
backing in a Southwest direction and sidescriped					
the rear driver side of which #1. SKETCH HOW ACCIDENT OCCURRED (NNDICATE					
			SKETCH HOW	CCIDENT OCCURR	ED NNDICATE NORTH BY
					401 E. Main ST
			Parkin	g Loi	4
				5	3
	$\square$	1			
OFFICER /SUPERVISOR S	SIGNATURE When	G			-