

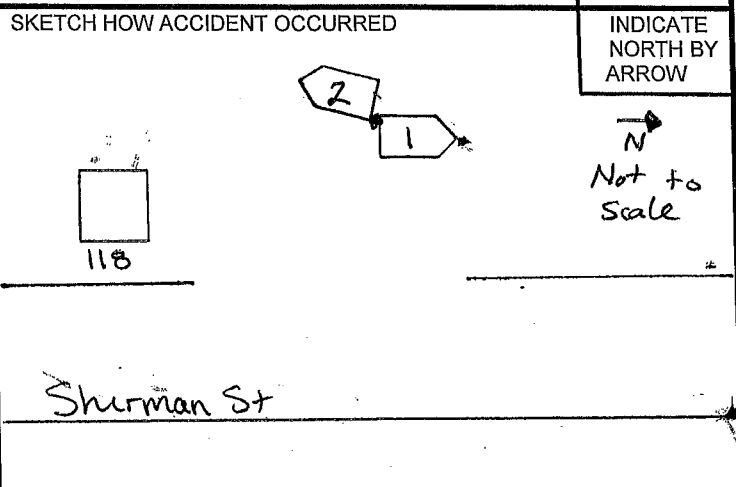
CR NUMBER 23-3320	ACCIDENT DATE 3/2/23	ACCIDENT TIME 10:30AM	DAY OF WEEK Thurs	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 118 Sherman St, Kent, Ohio 44240	WEATHER Fair
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
					Diederich	Cali	Taylor	8/2/02	
ADDRESS					ADDRESS				
					970 Moneta Ave				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
Kent, Ohio 44240					Aurora, Ohio 44202				
DRIVER'S LICENSE NUMBER			STATE		DRIVER'S LICENSE NUMBER			STATE	
								OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE					VEHICLE OWNER'S NAME LAST FIRST MIDDLE				
Dentz Mya Leigh					Henry Mathew Shane				
ADDRESS					ADDRESS				
118 Sherman St					2041 Autumn Wind Dr				
CITY, STATE ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
Kent, Ohio 44240					Grove City, Ohio, 43123				
VEHICLE	YEAR	MAKE	MODEL	COLOR	VEHICLE	YEAR	MAKE	MODEL	COLOR
	2015	Chevy	Cruze	Silver		2014	Gmc	Acadia	Gold
LICENSE PLATE		NUMBER	STATE		LICENSE PLATE		NUMBER	STATE	
		JNC 6216	Ohio				HBJ 4679	OH	
INSURANCE COMPANY					INSURANCE COMPANY				
State Farm 2333161 SFP 35					United Services Automobile Assn 01340513107108 7				
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 checked="" type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT

DESCRIBE HOW ACCIDENT OCCURRED

Unit 1 was parked and unoccupied. Unit 2 was backing into unit 1. Driver of unit 2 admitted to backing into unit 1.



OFFICER / SUPERVISOR SIGNATURE *[Signature]* #274