

CR NUMBER 21-15891	ACCIDENT DATE 09-26-21	ACCIDENT TIME 1024	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) 1708 E. Main St.				WEATHER No Adverse
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Unoccupied	DRIVER LAST FIRST MIDDLE DOB Unknown			
ADDRESS	ADDRESS			
CITY, STATE, ZIP	CITY, STATE, ZIP	PHONE NUMBER		
DRIVER'S SOCIAL SECURITY NUMBER	DRIVER'S SOCIAL SECURITY NUMBER			
DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE NUMBER	STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Gregel, Jeffrey T.	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Unknown			
ADDRESS 8702 Infirmary Rd.	ADDRESS			
CITY, STATE ZIP Ravenna OH 44266	CITY, STATE, ZIP	PHONE NUMBER		
VEHICLE YEAR MAKE MODEL COLOR 2008 Jeep Patriot Gold	VEHICLE YEAR MAKE MODEL COLOR Jeep Liberty Black			
LICENSE PLATE NUMBER STATE GXS 5917 OH	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY Grange Pol # 5870776	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Bumper / Pass side	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
<p>Vehicle #1 was parked in front of 1708 E. Main St. facing South.</p> <p>Vehicle #2 was backing in a Northbound direction of travel and struck Vehicle #1. Vehicle #2 fled the scene heading East on E. Main St. The driver and passenger of Vehicle #2 were described as "younger" white males in their teens.</p>				
OFFICER /SUPERVISOR SIGNATURE T. Cole / Lt [Signature]		SKETCH HOW ACCIDENT OCCURRED E. Main St.		INDICATE NORTH BY ARROW NOT TO SCALE
				1708 E. Main St

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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1708 E. Main ST.			WEATHER No Adverse	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB Morgan Dawson G 4-8-05			
ADDRESS	ADDRESS 4143 Timber Run			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Ravenna OH 44266			
DRIVER'S SOCIAL SECURITY NUMBER	DRIVER'S SOCIAL SECURITY NUMBER			
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Morgan, Susan E.			
ADDRESS	ADDRESS 4143 Timber Run			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Ravenna OH 44266			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR 2010 Jeep Liberty Black			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE OH			
INSURANCE COMPANY	INSURANCE COMPANY Nationwide			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT no Damage			
DESCRIBE HOW ACCIDENT OCCURRED Supplement: 9-29-21 The owner of Vehicle #2 provided the above information to complete the original report.				
OFFICER /SUPERVISOR SIGNATURE T. Cole		SKETCH HOW ACCIDENT OCCURRED		INDICATE NORTH BY ARROW