

CR NUMBER 23-2534	ACCIDENT DATE 2-16-23	ACCIDENT TIME 1616	DAY OF WEEK Thurs.	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 805 E. Main St. Kent OH. 44240			WEATHER Cloudy	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Skellenger Roy 6-13-57	DRIVER LAST FIRST MIDDLE DOB Lark Emily 7-3-96			
ADDRESS 360 E. Summit St. 502	ADDRESS 6260 1st Ave			
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240	CITY, STATE, ZIP PHONE NUMBER Kent OH. 44240			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Skellenger Karl	VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAA			
ADDRESS 1848 W. 52nd St.	ADDRESS			
CITY, STATE ZIP PHONE NUMBER Cleveland OH. 44102	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 2012 Hyundai 45 Blue	VEHICLE YEAR MAKE MODEL COLOR 2014 Ford 45 Silver			
LICENSE PLATE NUMBER STATE HCA 1904 OH.	LICENSE PLATE NUMBER STATE HDR 1790 OH			
INSURANCE COMPANY Progressive 917608370	INSURANCE COMPANY Progressive 966347539			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Driver side	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				
<p>Unit 1 was parked in a parking space. Unit 2 was backing up to avoid the curb and leave the parking lot. Unit 2 backed into unit 1, leaving a dent on unit 1's rear driver side door.</p>				
			SKETCH HOW ACCIDENT OCCURRED 	
OFFICER / SUPERVISOR SIGNATURE [Signature]			E. Main St. [Signature]	