CR NUMBER	ACCIDENT DATE	ACCIDEN TIME		DAY	OF	X DAY	
21.16289	10.2.21		243		Jan Maria	DAV	VN OR DUSK KK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) WEATHER							
1840 Phodes Rd. Kent. Onio Clear							
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRS	ST MIDDLE DOB	_		AST		MIDDLE	DOB
Oncott Stephen Andrew 1-2-02			ADDRESS	del	Pushpa	hay	11-17-90
7148 Cobbledale Ave NW			1840 Phodes rd				
CITY, STATE, ZIP N. Canton, Ohio 44720			CITY, STATE, ZIP PHONE NUMBER Kent. Ohio 44240				
DRIVER'S LICENSE NUMBER STATE			DRIVER'S LICENSE NUMBER STATE				
Ohio			Ohio				
VEHICLE OWNER'S NAME LAST FIRST MIDDLE OCCUTT Stephen Michael			VEHICLE OWNER'S NAME LAST FIRST MIDDLE				
ADDRESS			ADDRESS				
7148 Cobbledale Ave NW							
V. Canton, Ohio 44720 PHONE NUMBER			CITY, STATE	, ZIP		PHONE N	JMBER
VEHICLE YEAR BY	MAKE MODEL COL	olack	VEHICLE	YEAR	MAKE	MODEL	COLOR
LICENSE PLATE N	IUMBER STATE	nack	LICENSE PL	2015 ATE	Toyota NUMBER	Camry	Black
	429700 Ohio					76 Oh	10
INSURANCE COMPANY State farm			INSURANCE COMPANY (Uestenn Reserve PARTS OF & FRONT = REAR & LEFT = RIGHT				
PARTS OF FRONT K REAR KLEFT RIGHT			PARTS OF FRONT REAR LEFT RIGHT				
VEHICLE			VEHICLE	Ì	*		
DAMAGED DESCRIBE HOW ACCIDENT	TOCCUPPED		DAMAGED				
BEGONDE HOW ACCIDEN							
Unit two was traveling south bound through the							
collège towers apartment parking lot. Unit one backed							
out of a parking spot and stuck unit two. Damage							
to unit one was driver side							
			SKETCH	OW ACC	DENT OCCURR	RED	INDICATE NORTH BY
,	and unit on		-			20	ARROW
	iver side fr	ont	-			0h	11
panel.							not to scale
				2		lhodes	
			-	4	-	88	
			_		\cup	E)	
	1			_	8	3	
OFFICER /SUPERVISOR SIGNATURE PHI. HAUSTURE 254 Sol Jumps &							
C 100 Kar							
		•	255				Revised 7/22/20