

CR NUMBER <b>23-16823</b>	ACCIDENT DATE <b>10-18-23</b>	ACCIDENT TIME <b>1334</b>	DAY OF WEEK <b>Wednesday</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>1005 E. Main St.</b>			WEATHER <b>No Adverse</b>	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB <b>Parked</b>	DRIVER LAST FIRST MIDDLE DOB <b>Same as owner</b>			
ADDRESS			ADDRESS	
CITY, STATE, ZIP		PHONE NUMBER		
CITY, STATE, ZIP		PHONE NUMBER		
DRIVER'S LICENSE NUMBER		STATE		
DRIVER'S LICENSE NUMBER		STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Whiteside, Alisha R.</b>			VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Bassant, Clara R.</b>	
ADDRESS <b>6309 Hill St.</b>			ADDRESS <b>315 Elmwood Dr.</b>	
CITY, STATE, ZIP <b>Ravenna OH 44266</b>		PHONE NUMBER		
CITY, STATE, ZIP <b>Kent OH 44240</b>		PHONE NUMBER		
VEHICLE YEAR MAKE MODEL COLOR <b>2004 Monte Carlo ss Red</b>	VEHICLE YEAR MAKE MODEL COLOR <b>Honda Accord White</b>			
LICENSE PLATE NUMBER STATE <b>JMG 3521 OH</b>	LICENSE PLATE NUMBER STATE <b>JLC 1779 OH</b>			
INSURANCE COMPANY <b>Progressive Pol #969875367</b>			INSURANCE COMPANY <b>State Farm Pol #2095635-SFP-35</b>	
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>Rear Driver side</b>			PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT <b>Front Passenger side</b>	
DESCRIBE HOW ACCIDENT OCCURRED <b>Vehicle #1 was parked facing North in front of 1005 E. Main St. Vehicle #2 attempted to park next to vehicle #1 and struck the rear driver side. Both vehicles sustained minor damage.</b>				
OFFICER /SUPERVISOR SIGNATURE <b>T. Cole</b>			SKETCH HOW ACCIDENT OCCURRED	
			INDICATE NORTH BY ARROW	
			1005 E. Main St. Luther Ave.	
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