

CR NUMBER 23-12131	ACCIDENT DATE 8/21/23	ACCIDENT TIME 1135	DAY OF WEEK Monday	<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) 805 E. Main St. Taco Bell	WEATHER Clear
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB Ulchala Pavi P. 12/12/96	DRIVER LAST FIRST MIDDLE DOB Mohedano, Jacob T 11/27/90								
ADDRESS 1002 Lake St. Apt. C516	ADDRESS 4400 Alabamian Ave NW								
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240	CITY, STATE, ZIP PHONE NUMBER N. Lawrence, OH 44666								
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH								
VEHICLE OWNER'S NAME LAST FIRST MIDDLE [Signature]	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Legacy Roofing LLC								
ADDRESS	ADDRESS 800 Killian Rd.								
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Akron, OH 44319								
VEHICLE YEAR MAKE MODEL COLOR 2010 Buick Lacrosse Tan	VEHICLE YEAR MAKE MODEL COLOR Ford Econovan White								
LICENSE PLATE NUMBER STATE RP 4455 OH	LICENSE PLATE NUMBER STATE PKS 2265 OH								
INSURANCE COMPANY State Farm 3894153-SFP-35	INSURANCE COMPANY Cordoba Insurance 7012293919								
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT								

DESCRIBE HOW ACCIDENT OCCURRED

Unit 2 was parked in a parking space. Unit 1 backed into unit 2.

OFFICER/SUPERVISOR SIGNATURE [Signature] 241/5528	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW