

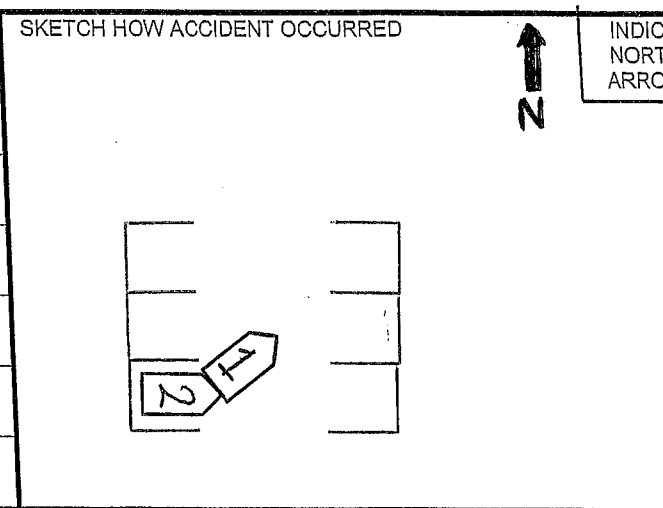
CR NUMBER 22-14447	ACCIDENT DATE 8-28-22	ACCIDENT TIME 1700 hrs.	DAY OF WEEK SUN	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 500 Golden Oaks Dr. (Guest parking lot)	WEATHER Clear / No adverse
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
Gaskey	Michael	S.	08-18-1999		Al-Shammari	Amatulla	M.	11-22-2002	
ADDRESS 1316 Gardengrove Ct.					ADDRESS 4187 Belleau Woods Cir.				
CITY, STATE, ZIP Plano, TX 75075					CITY, STATE, ZIP Uniontown, OH 44685				
PHONE NUMBER					PHONE NUMBER				
DRIVER'S LICENSE NUMBER					DRIVER'S LICENSE NUMBER				
STATE TX					STATE OH				
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Gaskey Kevin S.					VEHICLE OWNER'S NAME LAST FIRST MIDDLE -SAME-				
ADDRESS 1316 Gardengrove Ct.					ADDRESS				
CITY, STATE ZIP Plano, TX 75075					CITY, STATE, ZIP				
PHONE NUMBER					PHONE NUMBER				
VEHICLE	YEAR	MAKE	MODEL	COLOR	VEHICLE	YEAR	MAKE	MODEL	COLOR
	2020	Jeep	Wrangler	Gray					
LICENSE PLATE NUMBER STATE CLEBRWN TX					LICENSE PLATE NUMBER STATE JMN 6517 OH				
INSURANCE COMPANY All State					INSURANCE COMPANY Geico				
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT NONE					PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT NONE				

DESCRIBE HOW ACCIDENT OCCURRED

Unit 1 was backing out of a parking spot when he backed into Unit 2.



OFFICER / SUPERVISOR SIGNATURE
[Signature] #233 / Lt. [Signature] #213