

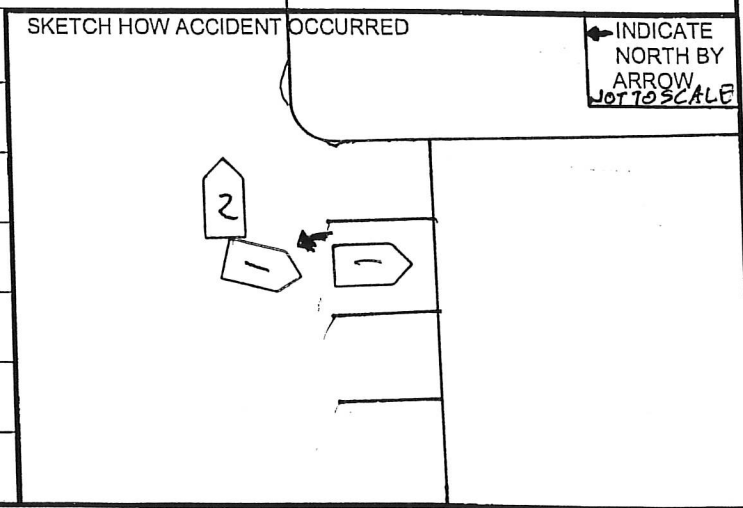


CR NUMBER 24-8965	ACCIDENT DATE 6-19-24	ACCIDENT TIME 1310	DAY OF WEEK WED	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1510 S. Water St Kent, OH			WEATHER CLEAR	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB HEDRICK VICKI S 3/14/59	DRIVER LAST FIRST MIDDLE DOB ARBOGAST KRISTINE M. 9/16/72			
ADDRESS 124 SUNRISE BLVD	ADDRESS 2818 LYNN RD			
CITY, STATE, ZIP PHONE NUMBER MOGADORE, OH 44260	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 SAME	VEHICLE OWNER'S NAME LAST FIRST MIDDLE ARBOGAST BETTY J.			
ADDRESS	ADDRESS 3851 PORTER RD			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER ROOTSTOWN, OH 44272			
VEHICLE YEAR MAKE MODEL COLOR 2017 CHEV IMPALA SIL	VEHICLE YEAR MAKE MODEL COLOR 2007 BUIC LUCERNE SIL			
LICENSE PLATE NUMBER STATE HPL8359 OH	LICENSE PLATE NUMBER STATE KDP8341 OH			
INSURANCE COMPANY STATE FARM	INSURANCE COMPANY STATE FARM			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 	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
 Unit 2 was stopped waiting to exit the parking lot onto STHY 43. Unit 1 backed from a parking space into Unit 2.



OFFICER / SUPERVISOR SIGNATURE
