

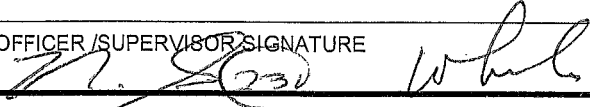
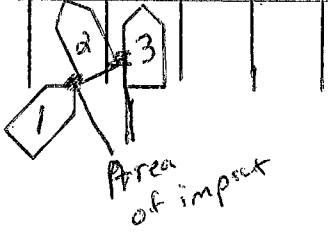




CR NUMBER 22-512	ACCIDENT DATE 01/14/22	ACCIDENT TIME 0835	DAY OF WEEK Friday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 609 S. Lincoln St. Kent, OH 44240				WEATHER Cloudy
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Ragon Alexander C. 07/08/01	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 1665 Dunkeith Dr N.W.	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Canton, OH 44708	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Ragon Christopher B.	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Malsom Lauren N.			
ADDRESS 1665 Dunkeith Dr. N.W.	ADDRESS 609 S. Lincoln St. #0201			
CITY, STATE ZIP PHONE NUMBER Canton, OH 44708	CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240			
VEHICLE YEAR MAKE MODEL COLOR 2016 MERC Milan BLK	VEHICLE YEAR MAKE MODEL COLOR 2016 Jeep Compass Gray			
LICENSE PLATE NUMBER STATE JH99168 OH	LICENSE PLATE NUMBER STATE JBL8479 OH			
INSURANCE COMPANY Statefarm	INSURANCE COMPANY USAA			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 			
DESCRIBE HOW ACCIDENT OCCURRED Unit #1 was traveling E/W through the parking lot of 609 S. Lincoln St. Unit #1 made a right turn and struck Unit #2 which was unoccupied. The collision between Unit #1 and #2 caused Unit #2 to strike Unit #3 which was unoccupied. (See second page for Unit #3 information)				
OFFICER/SUPERVISOR SIGNATURE 			SKETCH HOW ACCIDENT OCCURRED 609 S. Lincoln St Building "0"	
				
			INDICATE NORTH BY ARROW  Report to Scene	
			Parking lot of 609 S. Lincoln St.	

CR NUMBER 22-512	ACCIDENT DATE	ACCIDENT TIME	DAY OF WEEK	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)			WEATHER	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB			
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	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
Lacarrubba Robert				
ADDRESS	ADDRESS			
161 Brentwood Rd.				
CITY, STATE ZIP	PHONE NUMBER			
Amherst, NY 14226				
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR			
2017 Volks GOLF Gray				
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE			
N466861 OH				
INSURANCE COMPANY	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
OFFICER / SUPERVISOR SIGNATURE M.S. (230) <i>Whelan</i>				SKETCH HOW ACCIDENT OCCURRED INDICATE NORTH BY ARROW