

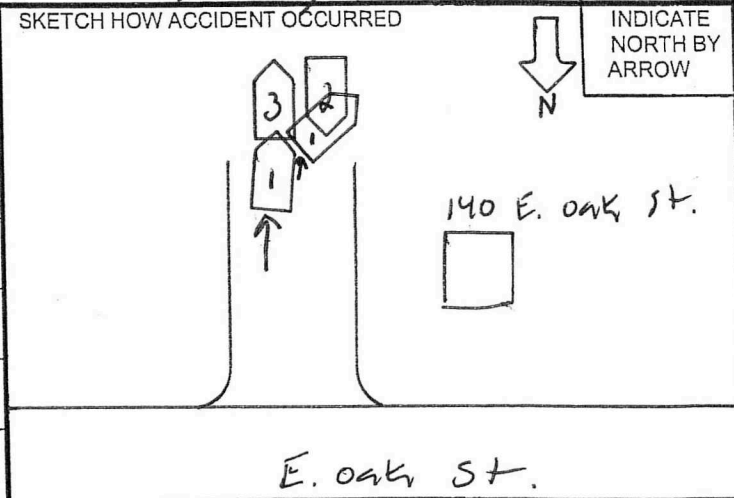
CR NUMBER 26-7701	ACCIDENT DATE 5/18/26	ACCIDENT TIME 0030	DAY OF WEEK MON	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 140 E. Oak St.	WEATHER 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	
Randall	Vince	M	1/14/2004		None				
ADDRESS 809 S. Water St.					ADDRESS				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
Kent, OH 44240									
DRIVER'S LICENSE NUMBER			STATE		DRIVER'S LICENSE NUMBER			STATE	
			OH						
VEHICLE OWNER'S NAME LAST			FIRST	MIDDLE	VEHICLE OWNER'S NAME LAST			FIRST	MIDDLE
Maxwell			Annabel	Jane	Hodge			SUE	M.
ADDRESS 881 Admore Dr.					ADDRESS 140 E. Oak St.				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
Kent, OH 44240					Kent, OH 44240				
VEHICLE YEAR	MAKE	MODEL	COLOR		VEHICLE YEAR	MAKE	MODEL	COLOR	
2013	LEXUS	ES300	White		2013	Ford	Escape	Gray	
LICENSE PLATE NUMBER		STATE			LICENSE PLATE NUMBER		STATE		
KAK 5900		OH			KXC 740		OH		
INSURANCE COMPANY Progressive 872 850 664					INSURANCE COMPANY Farmers : 546 955 292				
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 checked="" type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT				

DESCRIBE HOW ACCIDENT OCCURRED

Unit # 1 was fleeing police driving southbound on S. Depeyster St. Unit # 1 did not stop at the dead end of S. Depeyster St. and car turned southbound into the driveway of 140 E. Oak St. striking Unit # 2 and 3.



OFFICER /SUPERVISOR SIGNATURE

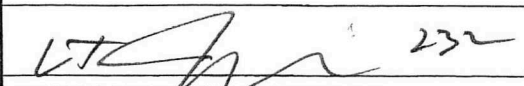
[Signature] 232

CR NUMBER 26-7701	ACCIDENT DATE 5/18/26	ACCIDENT TIME 0030	DAY OF WEEK MON	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 140 E. oak St.	WEATHER No Adverse
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VEHICLE NO. 3	VEHICLE NO. (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB None	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 Hodge, Blake, T.	VEHICLE OWNER'S NAME LAST FIRST MIDDLE
ADDRESS 140 E. oak St.	ADDRESS
CITY, STATE ZIP PHONE NUMBER Kent, OH 44240	CITY, STATE, ZIP PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR 2002 Chev. Silverado White	VEHICLE YEAR MAKE MODEL COLOR
LICENSE PLATE NUMBER STATE REY 2485 NC	LICENSE PLATE NUMBER STATE
INSURANCE COMPANY Farmers 546 955 292	INSURANCE COMPANY
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input 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 	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW