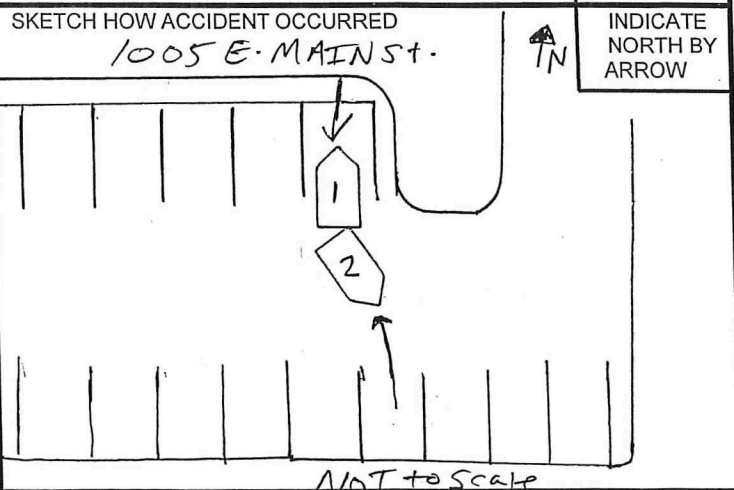


|  |  |                                     |                           |  |
|--|--|-------------------------------------|---------------------------|--|
| CR NUMBER<br><b>26-4824</b>  | ACCIDENT DATE<br><b>3/28/26</b>  | ACCIDENT TIME<br><b>1157</b>        | DAY OF WEEK<br><b>SAT</b> | <input checked="" type="checkbox"/> DAYLIGHT<br><input type="checkbox"/> DAWN OR DUSK<br><input type="checkbox"/> DARK |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)<br><b>1005 E. Main St. Kent, OH</b>   |  |                                     | WEATHER<br><b>SUNNY</b>   |  |
| VEHICLE NO. 1  |  | VEHICLE NO. 2 (OR PROPERTY DAMAGED) |                           |  |
| DRIVER LAST FIRST MIDDLE DOB<br><b>Mohammadi Habibullah 92/14/1979</b>   | DRIVER LAST FIRST MIDDLE DOB<br><b>Johnson Marci Jewel 4-6-76</b>  |                                     |                           |  |
| ADDRESS<br><b>120 Glenbridge Cir.</b>  | ADDRESS<br><b>8690 Shear Dr.</b>   |                                     |                           |  |
| CITY, STATE, ZIP PHONE NI IMRFP<br><b>Tallmadge OH 44278</b>   | CITY, STATE, ZIP PHONE NUMBER<br><b>Powell, OH 43065</b>   |                                     |                           |  |
| DRIVER'S LICENSE NI IMRFR STATE<br><b>OH</b>   | DRIVER'S LICENSE NUMBER STATE<br><b>OH</b>   |                                     |                           |  |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE<br><b>SAAT</b>  | VEHICLE OWNER'S NAME LAST FIRST MIDDLE<br><b>Johnson Alice E.</b>  |                                     |                           |  |
| ADDRESS  | ADDRESS<br><b>6801 Alloway St. W.</b>  |                                     |                           |  |
| CITY, STATE ZIP PHONE NUMBER   | CITY, STATE, ZIP PHONE NUMBER<br><b>Worthington, OH 43085</b>  |                                     |                           |  |
| VEHICLE YEAR MAKE MODEL COLOR<br><b>2017 Toyt. RAV4 White</b>  | VEHICLE YEAR MAKE MODEL COLOR<br><b>2015 Toyt Prius Blue</b>   |                                     |                           |  |
| LICENSE PLATE NUMBER STATE<br><b>JCS 8107 OH</b>   | LICENSE PLATE NUMBER STATE<br><b>ECOCAR1 OH</b>  |                                     |                           |  |
| INSURANCE COMPANY<br><b>State Farm</b>   | INSURANCE COMPANY<br><b>State Farm</b>   |                                     |                           |  |
| PARTS OF VEHICLE DAMAGED<br><input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT<br><b>rear bumper</b> | PARTS OF VEHICLE DAMAGED<br><input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT<br><b>rear left bumper</b> |                                     |                           |  |

DESCRIBE HOW ACCIDENT OCCURRED

Unit Two was backing out of a parking space at 1005 E. Main St.  
 Unit Two stopped to shift to drive. Unit one struck unit two, by backing out of a parking space. Property damage to both vehicles.  
 R/O of Unit two was passenger → front passenger seat.



OFFICER / SUPERVISOR SIGNATURE

*[Handwritten Signature]* #221