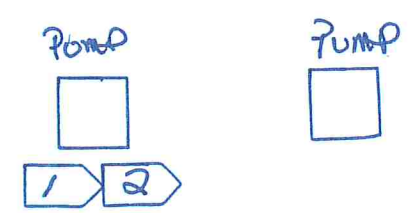


CR NUMBER 22-1808	ACCIDENT DATE 2/7/22	ACCIDENT TIME 13:16	DAY OF WEEK Monday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1337 S. Water St. Kent, Ohio 44240			WEATHER 39°F + Sunny	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Byrd, Ashley, M 3/12/94	DRIVER LAST FIRST MIDDLE DOB Hilton, Sally, Lou 7/10/47			
ADDRESS 493 Westerly Rd	ADDRESS 1498 South Blvd			
CITY, STATE, ZIP PHONE NUMBER Akron, Ohio 44307	CITY, STATE, ZIP PHONE NUMBER Kent, Ohio 44240			
DRIVER'S LICENSE NUMBER STATE OHIO	DRIVER'S LICFNSE NI IMRFR STATE OHIO			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Hilton, Sally, Lou			
ADDRESS	ADDRESS 1498 South Blvd			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Kent, Oh 44240			
VEHICLE YEAR MAKE MODEL COLOR 2010 Subaru Forester RED	VEHICLE YEAR MAKE MODEL COLOR 2020 Chevy SW Grey			
LICENSE PLATE NUMBER STATE JTH 6909 OHIO	LICENSE PLATE NUMBER STATE JAT4321 OHIO			
INSURANCE COMPANY ERIE	INSURANCE COMPANY STATE FARM.			
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 type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT NONE.			
DESCRIBE HOW ACCIDENT OCCURRED Unit #1 advised she pulled into a gas pump and Unit #2 backed into her. Unit #2 then left the scene. Unit #1 followed and took picture of Unit #2 plate. Pictures were taken of Unit #1, there appears to be paint scrape on front bumper, however the salt was not smeared by paint scrapes. In video Unit #2 appears to back into Unit #1. However you do not see Unit #1 move when contact is made. Driver #2 advised her Rear sensor never went off but stopped as soon as Driver #1 blew her horn. Driver #2 advised she did not believe she struck Unit #1 that is why she did not stay.				
OFFICER / SUPERVISOR SIGNATURE Sgt J. [Signature] #255			SKETCH HOW ACCIDENT OCCURRED 1337 S. Water St. Drawing Approximate 	

(2 of 2)

CR NUMBER 22-1808	ACCIDENT DATE 2/7/22	ACCIDENT TIME 13:16	DAY OF WEEK Monday	<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) 1337 S. Wacker St. Kent, Ohio 44240	WEATHER 39°F Sunny
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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	
ADDRESS					ADDRESS				
CITY, STATE ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
VEHICLE YEAR	MAKE	MODEL	COLOR		VEHICLE YEAR	MAKE	MODEL	COLOR	
LICENSE PLATE NUMBER	STATE				LICENSE PLATE NUMBER	STATE			
INSURANCE COMPANY					INSURANCE COMPANY				
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input 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
All occupants advised they were all OK. No one injured.
Front Seat Passenger of Unit #2.
Hilton, Elizabeth, A.
1498 South Blvd
Kent, Ohio 44240

OFFICER / SUPERVISOR SIGNATURE Sgt. J. [Signature]	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW

(2 of 2)