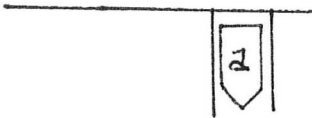


|                                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                                                                                                                                                                                           |                           |                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------|
| CR NUMBER<br><b>26-11542</b>                                                                                                                                                                                                                  | ACCIDENT DATE<br><b>7/24</b>                                                                                                                                                          | ACCIDENT TIME<br><b>1300-1700 hrs</b>                                                                                                                                                                     | DAY OF WEEK<br><b>Fr.</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>401 Devon Pl. parking lot Kent OH 44240</b>                                                                                                                          |                                                                                                                                                                                       |                                                                                                                                                                                                           |                           | WEATHER<br><b>Cloudy cool</b>                                                                                          |
| VEHICLE NO. 1<br><b>unknown</b>                                                                                                                                                                                                               |                                                                                                                                                                                       | VEHICLE NO. 2 (OR PROPERTY DAMAGED) <b>not - occupied</b>                                                                                                                                                 |                           |                                                                                                                        |
| 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<br><b>SY840791 OH</b>                                                                                                                                                       |                           |                                                                                                                        |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE                                                                                                                                                                                                        |                                                                                                                                                                                       | VEHICLE OWNER'S NAME LAST FIRST MIDDLE<br><b>Wojtala, Colleen Frances</b>                                                                                                                                 |                           |                                                                                                                        |
| ADDRESS                                                                                                                                                                                                                                       |                                                                                                                                                                                       | ADDRESS<br><b>1677 Athena Dr.</b>                                                                                                                                                                         |                           |                                                                                                                        |
| CITY, STATE ZIP PHONE NUMBER                                                                                                                                                                                                                  |                                                                                                                                                                                       | CITY, STATE, ZIP PHONE NUMBER<br><b>Kent OH 44240</b>                                                                                                                                                     |                           |                                                                                                                        |
| VEHICLE YEAR MAKE MODEL COLOR                                                                                                                                                                                                                 | VEHICLE YEAR MAKE MODEL COLOR<br><b>2004 Nissan Sentra SV Silver</b>                                                                                                                  |                                                                                                                                                                                                           |                           |                                                                                                                        |
| LICENSE PLATE NUMBER STATE                                                                                                                                                                                                                    | LICENSE PLATE NUMBER STATE<br><b>GEM6490 OH</b>                                                                                                                                       |                                                                                                                                                                                                           |                           |                                                                                                                        |
| INSURANCE COMPANY                                                                                                                                                                                                                             |                                                                                                                                                                                       | INSURANCE COMPANY<br><b>Progressive # 974631194</b>                                                                                                                                                       |                           |                                                                                                                        |
| PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT<br>VEHICLE DAMAGED                                                                                         | PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT<br>VEHICLE DAMAGED <b>driver's door</b> |                                                                                                                                                                                                           |                           |                                                                                                                        |
| DESCRIBE HOW ACCIDENT OCCURRED                                                                                                                                                                                                                |                                                                                                                                                                                       |                                                                                                                                                                                                           |                           |                                                                                                                        |
| <p><b>Unit 2 was parked facing south near the 401 Devon Pl. building between 1300 and 1700 hours. An unknown vehicle struck Unit 2 during that time. White / grey paint transfer. No cameras in this area. No suspects. Minor damage.</b></p> |                                                                                                                                                                                       |                                                                                                                                                                                                           |                           |                                                                                                                        |
|                                                                                                                                                                                                                                               |                                                                                                                                                                                       | SKETCH HOW ACCIDENT OCCURRED<br><div style="text-align: right;">           INDICATE<br/>NOT BY<br/>ARROW<br/>  </div> |                           |                                                                                                                        |
| OFFICER /SUPERVISOR SIGNATURE<br><b>Hillman 237</b>                                                                                                                                                                                           |                                                                                                                                                                                       |                                                                                                                                                                                                           |                           |                                                                                                                        |