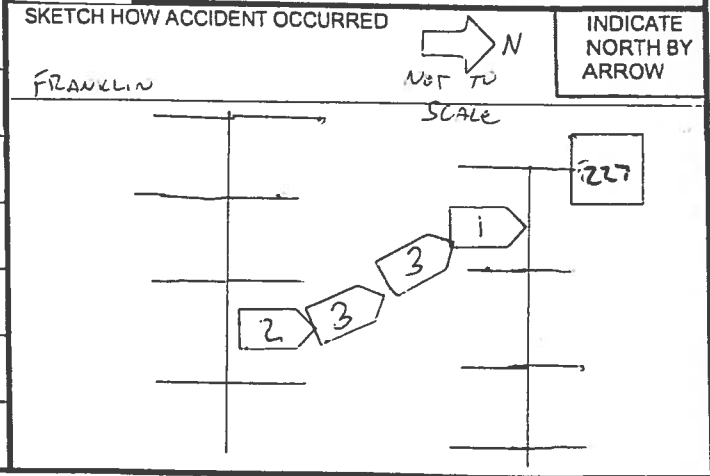


CR NUMBER 21-13581	ACCIDENT DATE 8-21-21	ACCIDENT TIME 1938	DAY OF WEEK SAT	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 227 FRANKLIN AVE Kent OH			WEATHER Fair	
VEHICLE 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			
WATERS TRALIC M	BENNINGTON JACOB A			
ADDRESS	ADDRESS			
3160 N JACKSON BLVD	9001 PORTAGE PT DR D 104			
CITY, STATE, ZIP	PHONE NUMBER	CITY, STATE, ZIP		PHONE NUMBER
Uniontown OH 44685		Streetsboro OH 44241		
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR			
21 SUBA FORESTER BLK	11 SUBA Legacy BLU			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE			
JMK1680 OH	HLS 7695 OH			
INSURANCE COMPANY	INSURANCE COMPANY			
ALL STATE 992775957	ALL STATE 992887676			
PARTS OF VEHICLE DAMAGED	PARTS OF VEHICLE DAMAGED			
<input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT	<input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			

DESCRIBE HOW ACCIDENT OCCURRED

UNIT # 3 BACKED INTO UNIT # 2. UNIT # 3 THEN PULLED FORWARD AND STRUCK UNIT # 1. UNIT # 3 LEFT THE SCENE WITHOUT STOPPING

WITNESS: MICHAEL DEMORE -



OFFICER/SUPERVISOR SIGNATURE

[Signature] #247

[Signature] #213

CR NUMBER 2-13581	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 3			VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB BROWN MATTHEW A 3-19-80			DRIVER LAST FIRST MIDDLE DOB		
ADDRESS 950 IRISH RD			ADDRESS		
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240			CITY, STATE, ZIP PHONE NUMBER		
DRIVER'S SOCIAL SECURITY NUMBER			DRIVER'S SOCIAL SECURITY NUMBER		
DRIVER'S LICENSE NUMBER STATE OH			DRIVER'S LICENSE NUMBER STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same			VEHICLE OWNER'S NAME LAST FIRST MIDDLE		
ADDRESS			ADDRESS		
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER		
VEHICLE YEAR MAKE MODEL COLOR 14 Ram TR BLU			VEHICLE YEAR MAKE MODEL COLOR		
LICENSE PLATE NUMBER STATE 6K24072 OH			LICENSE PLATE NUMBER STATE		
INSURANCE COMPANY PROGRESSIVE 59089856			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					
OFFICER /SUPERVISOR SIGNATURE [Signature]			SKETCH HOW ACCIDENT OCCURRED		
					INDICATE NORTH BY ARROW