

CR NUMBER 25-4808	ACCIDENT DATE 3/19/25	ACCIDENT TIME Approx: 0830	DAY OF WEEK WED	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK	
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 500 Golden Oaks Dr. Near Building B			WEATHER UNK		
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Unoccupied	DRIVER LAST FIRST MIDDLE DOB Prentovich Joseph Michael 3-26-06				
ADDRESS	ADDRESS 206 Wilson Ave				
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Tallmadge OH 44278				
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE OH				
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Hinton Scott Allen	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Kline Kavali Mechanical Control				
ADDRESS 2200 N. Reedsburg Rd.	ADDRESS 1294 Brimfield Dr.				
CITY, STATE ZIP PHONE NUMBER Wooster OH 44691	CITY, STATE, ZIP PHONE NUMBER Brimfield OH 44240				
VEHICLE YEAR MAKE MODEL COLOR 2012 Chev Cruze Blue	VEHICLE YEAR MAKE MODEL COLOR 2016 Ford VN White				
LICENSE PLATE NUMBER STATE JCQ 6962 OH	LICENSE PLATE NUMBER STATE PJR 1561 OH				
INSURANCE COMPANY Erie Ins.	INSURANCE COMPANY Hastings				
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT Bumper	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 one was parked unoccupied. Unit two struck unit one causing damage to unit one.					
OFFICER /SUPERVISOR SIGNATURE 88736 / [Signature]			SKETCH HOW ACCIDENT OCCURRED 500 Golden Oaks Dr. B ↑ N		INDICATE NORTH BY ARROW
			Not to Scale		