

|  |   |  |                    |  |
|--|---|--|--------------------|--|
| CR NUMBER<br>20-10500  | ACCIDENT DATE<br>7/5/2020   | ACCIDENT TIME<br>1425                            | DAY OF WEEK<br>SUN | <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>115 N. Willow St. Kent, OH 44240   |   |  | WEATHER<br>Clear   |  |
| VEHICLE NO. 1  |   | VEHICLE NO. 2 (OR PROPERTY DAMAGED)              |                    |  |
| DRIVER LAST FIRST MIDDLE DOB<br>Kozma, Amy R. 10/29/94   | DRIVER LAST FIRST MIDDLE DOB<br>Sasinowski, Cheryl L. 12/4/66   |  |                    |  |
| ADDRESS<br>475 Center Ave. Apt. 7  | ADDRESS<br>17702 Jersey St.   |  |                    |  |
| CITY, STATE, ZIP PHONE NUMBER<br>Cuyahoga Falls, OH 44221  | CITY, STATE, ZIP PHONE NUMBER<br>Lake Milton, OH 44429  |  |                    |  |
| DRIVER'S LICENSE NUMBER STATE<br>OH  | DRIVER'S LICENSE NUMBER STATE<br>OH   |  |                    |  |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE<br>Boskevitch, Victoria   | VEHICLE OWNER'S NAME LAST FIRST MIDDLE<br>SAA   |  |                    |  |
| ADDRESS<br>3394 Northbrooke Cir.   | ADDRESS<br>-  |  |                    |  |
| CITY, STATE ZIP PHONE NUMBER<br>Cuyahoga Falls, OH 44223   | CITY, STATE, ZIP PHONE NUMBER<br>-  |  |                    |  |
| VEHICLE YEAR MAKE MODEL COLOR<br>2012 Chev Malibu White  | VEHICLE YEAR MAKE MODEL COLOR<br>2013 Chev Camaro Orange  |  |                    |  |
| LICENSE PLATE NUMBER STATE<br>HT52431 OH   | LICENSE PLATE NUMBER STATE<br>HEH 5188 OH   |  |                    |  |
| INSURANCE COMPANY<br>Progressive   | INSURANCE COMPANY<br>Eric Insurance   |  |                    |  |
| PARTS OF VEHICLE DAMAGED<br><input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT<br>Rear Left bumper                       | PARTS OF VEHICLE DAMAGED<br><input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT<br>center of rear bumper |  |                    |  |
| DESCRIBE HOW ACCIDENT OCCURRED   |   |  |                    |  |
| Unit #01 and Unit #02 were backing out of parking spots. Unit #01 & Unit #02 struck each other on the rear bumpers. Drivers of each vehicle advised the other struck their vehicle. Minor damage occurred. |   |  |                    |  |
|  |   | SKETCH HOW ACCIDENT OCCURRED<br>Not To Scale<br> |                    | INDICATE NORTH BY ARROW  |
| OFFICER /SUPERVISOR SIGNATURE<br>Nash #257 / J. Rowen #214   |   | 115 N. Willow St.<br>(Penn Station)              |                    |  |