
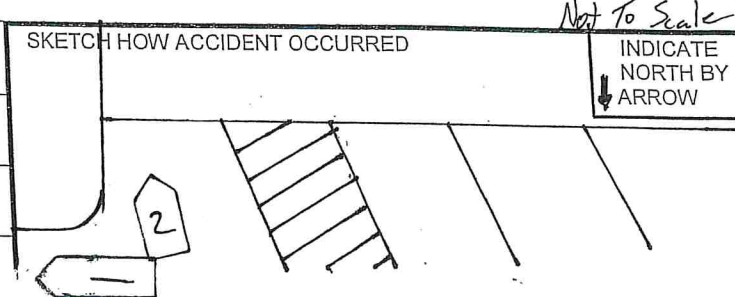


CR NUMBER <b>23-9190</b>	ACCIDENT DATE <b>6-14-23</b>	ACCIDENT TIME <b>10:45 am</b>	DAY OF WEEK <b>WED</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>1066 S. Water St.</b>			WEATHER <b>Clear</b>	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB <b>Wilson III Sohn M. 11-10-92</b>	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS <b>3022 SR 59 Lot#A6</b>		ADDRESS		
CITY, STATE, ZIP PHONE NUMBER <b>Ravenna, OH 44266</b>		CITY, STATE, ZIP PHONE NUMBER		
DRIVER'S LICENSE NUMBER STATE <b>OH</b>		DRIVER'S LICENSE NUMBER STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Postage Industries LLC</b>		VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Sanders Mary A</b>		
ADDRESS <b>7008 SR 88</b>		ADDRESS <b>4371 Steels Ave</b>		
CITY, STATE ZIP PHONE NUMBER <b>Ravenna, OH 44266</b>		CITY, STATE, ZIP PHONE NUMBER <b>Ravenna, OH 44266</b>		
VEHICLE YEAR MAKE MODEL COLOR <b>2020 ELKH BU WHT</b>	VEHICLE YEAR MAKE MODEL COLOR <b>2023 KIA SPORTAGE BLK</b>			
LICENSE PLATE NUMBER STATE <b>5K52949 OH</b>	LICENSE PLATE NUMBER STATE <b>H7S9224 OH</b>			
INSURANCE COMPANY <b>Philadelphia Indemnity Ins. Co.</b>	INSURANCE COMPANY <b>Geico</b>			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>None</b>	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 			
DESCRIBE HOW ACCIDENT OCCURRED				
Unit #1 struck Unit #2 in the parking lot of Kent Social Services. Unit #2 was damaged, U#1 was not.				
Not To Scale				
SKETCH HOW ACCIDENT OCCURRED 				
OFFICER /SUPERVISOR SIGNATURE <b>[Signature] #250 [Signature] 248</b>				