| CR NUMBER  | ACCIDENT                               | ACCIDEN | IT   | DAY OF |                | .ac DAYLIGHT              |
|--|--|---------|--|--------|----------------|---------------------------|
| 21-14247   | DATE 8-31-2021                         | TIME    | 248  | WEEKT  | ucs            | DAWN OR DUSK              |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) WEATHER |  |         |  |        |                |                           |
| 1005 E Main ST Kent OH 44740 Clear   |  |         |  |        |                |                           |
| VEHICLE NO. 1  |  |         | VEHICLE NO. 2 (OR PROPERTY DAMAGED)            |        |                |                           |
| DRIVER LAST FIRST MIDDLE DOB   |  |         | DRIVER LAST FIRST MIDDLE DOB                   |        |                |                           |
| Seiter, Carl DITO8-30-84   |  |         | Mucha Mean N 02-09-2001                        |        |                |                           |
| ADDRESS<br>1840 Rhode  | 1788 Crock Dr                          |         |  |        |                |                           |
| Kent OIT 44540 PHONENUMRER   |  |         | Streetsboro OH 4424                            |        |                |                           |
| DRIVER'S LICENSE NUMBER STATE  |  |         | DRIVER'S LICENSE NUMBER STATE                  |        |                |                           |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE                                     |  |         | VEHICLE OWNER'S NAME LAST FIRST MIDDLE         |        |                |                           |
| ADDRESS  | ADDRESS                                |         |  |        |                |                           |
| CITY, STATE ZIP  | PHONE NUMBE                            | R       | CITY, STATE, ZI                                | Р      |                | PHONE NUMBER              |
| VEHICLE YEAR M   | landa Civil T                          | or      | VEHICLE Y                                      | EAR M  | AKE            | MODEL COLOR<br>Civic BLK  |
| LICENSE PLATE N<br>HQN 5891  | LICENSE PLATE NUMBER STATE  JHA5609 CH |         |  |        |                |                           |
| INSURANCE COMPANY US AA 019808686-7102                                     |  |         | INSURANCE COMPANY<br>All State 826-366-791     |        |                |                           |
| PARTS OF FRONT B REAR BLEFT BRIGHT VEHICLE                                 |  |         | PARTS OF G FRONT X REAR G LEFT G RIGHT VEHICLE |        |                |                           |
| DAMAGED Bomper   |  |         | DAMAGED Bumper                                 |        |                |                           |
| DESCRIBE HOW ACCIDENT OCCURRED   |  |         |  |        |                |                           |
| Unit I was traveling from west to east, Unit 2                             |  |         |  |        |                |                           |
| was traveling from South to North. Unit 2 Struck                           |  |         |  |        |                |                           |
| unit 1.  |  |         |  |        |                |                           |
|  |  |         |  |        |                |                           |
|  |  |         | SKETCH HOV                                     | TO So  | OCCURRE<br>دلد | D INDICATE NORTH BY ARROW |
|  |  | ·       |  | 1005 8 | . Mam          | 57                        |
|  |  |         |  |        |                |                           |
|  |  |         |  |        |                |                           |
|  |  |         | _  |        | I              | 5                         |
| OFFICER ISUPERVISOR S  | _                                      |         | 1  |        |                |                           |
| My   | E. Main ST                             |         |  |        |                |                           |