CR NUMBER	ACCIDENT	ACCIDEN	T	DAY OF		a DAYLIGHT	
21-2086	DATE 2/14/21	TIME	2319	WEEK S	SUN	DAYLIGHT	
LOCATION OF ACCIDEN	T (STREET NUMBER OR C	OTHER LO	CATION DESCR	RIPTION)	WEATHER		
Parking Lot of	University In	n Sy	10 S- Mat	erst.	NoAdv	erse/Icy l	Davement
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB			DRIVER LAST FIRST MIDDLE DOB				
Overdorf Gaven Lee 11/30/02			PARKED				
Syo Swater St Apt SOS			ADDRESS				
CITY, STATE, ZIP PHONE NI IMPED Kent, OH 44240			CITY, STATE, ZIP PHONE NUMBER				
DRIVER'S LICENSE NUMBE	OIL	TE	DRIVER'S LICE	NSE NUMBE	R	STAT	E
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME AS DRIVER			VEHICLE OWNER'S NAME LAST FIRST MIDDLE Rhinehart Christy M				
ADDRESS			ADDRESS 54			AP+ 410	
CITY, STATE ZIP	PHONE NUMBE	R	CITY, STATE, Z Kent, Ot	IP 144240	3	PHONE NUMBER	
		OR Ver			MAKE hevy (MODEL COLO	DR
	C 8240 OH		LICENSE PLATI	E N	UMBER 03704	STATE	W.C.
INSURANCE COMPANY Progressive			INSURANCE COMPANY NONE				
PARTS OF FRONT DE REAR LEFT DE RIGHT VEHICLE DAMAGED			PARTS OF SK FRONT DE REAR SK LEFT SK RIGHT VEHICLE DAMAGED				
DESCRIBE HOW ACCIDENT	TOCCURRED	the	00 CV 110 a 1		M- O		
Unit I was driving through the parking lot of the University Inn. The driver lost against of the							Inn.
The driver lost control of the vehicle and struck unit 2.							
The impact caused unit 2 to Strike unit 3 and unit 3							
to Strike unit 4. Units 2, 3, and 4 were parked and							
un occupied. The pavement conditions were very icy. SKETCH HOW ACCIDENT OCCURRED INDICATE							
			5.12.15111101	ACCIDEN	OCCORREC	,	NORTH BY ARROW
							SCALE SCALE
						}	university
			1		University	lan l	INN
					Parking 10	- 1	540
				1	7,0	K	5
						^	water
						17	St.
OFFICER /SUPERVISOR S	IGNATURE JA MI	林山	4		43	2	

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CR NUMBER ACCIDENT ACCIDENT DATE 2/14/21 TIME	7319 DAY OF DAYLIGHT DAWN OR DUSK				
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LO	I DE DARK				
	405. Water St. No Adverse/Icy Pavement				
VEHICLE NO.X: 3	VEHICLE NO. X(OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB				
PARKED	PARKED				
	AUDILES				
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 Ram I CONE DOMINIC R	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Hart Timothy)				
ADDRESS 7673 meadow Brooke way	ADDRESS 6339 Margan Rd				
CITY, STATE ZIP PHONE NUMBER NORTH Held, CH 44067	CITY, STATE, ZIP PHONE NUMBER ROVENNO, OH 44766				
VEHICLE YEAR MAKE MODEL COLOR Zoile Ford Fusion Black	VEHICLE YEAR MAKE MODEL COLOR				
LICENSE PLATE NUMBER STATE GPV 3195 GH	LICENSE PLATE NUMBER STATE M 038143 OH				
INSURANCE COMPANY Geico	INSURANCE COMPANY Progressive				
PARTS OF □ FRONT □ REAR LEFT RIGHT VEHICLE DAMAGED	PARTS OF D FRONT D REAR & LEFT D RIGHT VEHICLE DAMAGED				
DESCRIBE HOW ACCIDENT OCCURRED See page 1					
	SKETCH HOW ACCIDENT OCCURRED INDICATE NORTH BY				
	See page 1 ARROW				
OFFICER/SUPERVISOR SIGNATURE					
Of ABOUT HIS STATE					

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