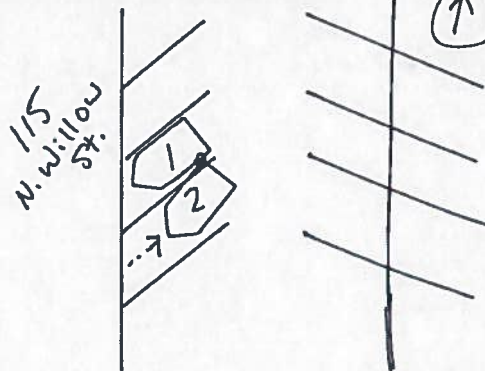


CR NUMBER 20-26358	ACCIDENT DATE 12/11/20	ACCIDENT APPROX. TIME 1420 hrs.	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 115 N. Willow St. Lot.			WEATHER No Adverse, Sunny	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Unoccupied	DRIVER LAST FIRST MIDDLE DOB Figate Peyton Zachary 3-8-01			
ADDRESS	ADDRESS 1624 Stratford Dr.			
CITY, STATE, ZIP	PHONE NUMBER	CITY, STATE, ZIP Kent, OH 44240	PHONE NUMBER	
DRIVER'S LICENSE NUMBER	STATE	DRIVER'S LICENSE NUMBER	STATE OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Dionne Paul A	VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAA			
ADDRESS 512 Miller Ave.	ADDRESS			
CITY, STATE ZIP Kent, OH 44240	PHONE NUMBER	CITY, STATE, ZIP	PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR 1997 Chev. TK Red	VEHICLE YEAR MAKE MODEL COLOR 1997 Buick LaSalle Blue			
LICENSE PLATE NUMBER STATE HHA 4708 OH	LICENSE PLATE NUMBER STATE L008761 OH Temporary			
INSURANCE COMPANY Progressive	INSURANCE COMPANY Progressive			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT			

DESCRIBE HOW ACCIDENT OCCURRED

Unit one was parked unoccupied. Unit Two struck unit one while backing out of a parking stall in front of the above address. Property damage only.

SKETCH HOW ACCIDENT OCCURRED



INDICATE NORTH BY ARROW

Not to Scale

OFFICER/SUPERVISOR SIGNATURE

[Handwritten Signature]