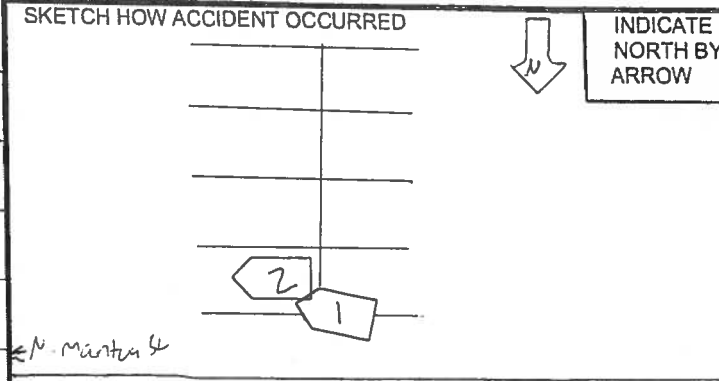


CR NUMBER 21-16480	ACCIDENT DATE 10-05-21	ACCIDENT TIME 0934	DAY OF WEEK TUES	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1400 N. Mantua St			WEATHER Cloudy	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Hagaman, Nathan J 06-06-2004	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 1452 Howe Rd	ADDRESS			
CITY, STATE, ZIP Kent OH 44240	PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER	
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Hagaman, Catherine A	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Monroe James A			
ADDRESS 1452 Howe Rd	ADDRESS 7326 Hodgson Rd			
CITY, STATE, ZIP Kent, OH 44240	PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240	
VEHICLE YEAR MAKE MODEL COLOR 2011 KIA Sportage BLK	VEHICLE YEAR MAKE MODEL COLOR 2018 KIA Sportage Silver			
LICENSE PLATE NUMBER STATE DN692 OH	LICENSE PLATE NUMBER STATE SNE 2224 OH			
INSURANCE COMPANY Grange 484 3656	INSURANCE COMPANY Allstate 926 741 254			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED Vehicle #1 was traveling through student parking lot eastbound. Driver stated he swerved to avoid a vehicle traveling westbound. Vehicle #1 struck Vehicle #2 which was parked in a spot and unoccupied.				
		SKETCH HOW ACCIDENT OCCURRED 		
OFFICER / SUPERVISOR SIGNATURE #240 [Signature]		1400 Not to scale		