

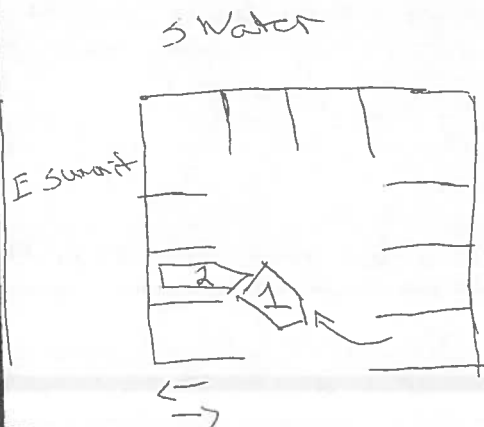
CR NUMBER 21-1683	ACCIDENT DATE 02/07/21	ACCIDENT TIME 1500	DAY OF WEEK Sun	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 107 E Summit St. War Horse Inn			WEATHER Clear/No adverse	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Schnell Philip C 07/17/93	DRIVER LAST FIRST MIDDLE DOB Williams Sydney Rae 01/17/01			
ADDRESS 249 Lincoln St	ADDRESS 505 Taylor Ave			
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44266	CITY, STATE, ZIP PHONE NUMBER Girard, OH 44420			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same			
ADDRESS	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 2013 Chevy Camaro Maroon	VEHICLE YEAR MAKE MODEL COLOR 2016 Kia Forte Red			
LICENSE PLATE NUMBER STATE GYF2114 OH	LICENSE PLATE NUMBER STATE HVK9742 OH			
INSURANCE COMPANY 925 545 4122 Progressive	INSURANCE COMPANY 35-6304-X19 State Farm			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT			

DESCRIBE HOW ACCIDENT OCCURRED

Unit 1 and Unit 2 were both parked in War Horse Inn parking lot. Unit 1 backed into Unit 2. Unit 2 was stationary with no occupants. Unit 1 has minor scratch at 6 o'clock on rear bumper. Unit 2 has minor scrape at 1 o'clock on front bumper.

SKETCH HOW ACCIDENT OCCURRED

INDICATE NORTH BY ARROW



OFFICER /SUPERVISOR SIGNATURE

*[Signature]* #232