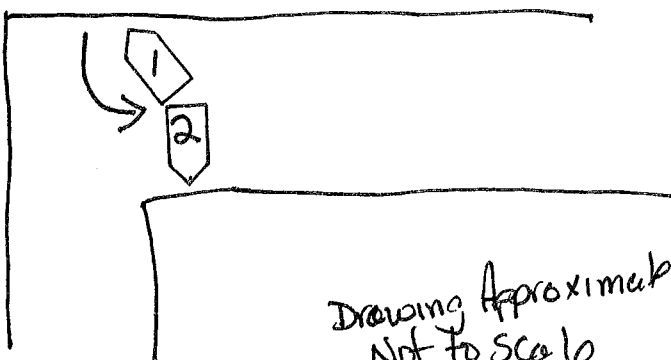


CR NUMBER 22-7711	ACCIDENT DATE MAY 14, 22	ACCIDENT TIME 09:48	DAY OF WEEK SAT	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 630 LAKE ST. KENT, OHIO 44240			WEATHER Sunny, 70°F	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Palermo, Alexandria, M. 10/11/05	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 2296 Graham Rd	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Stow, Ohio 44224	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE Ohio	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Palermo II, Joseph, J	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS (SAA)	ADDRESS 379 Highland Ave			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Wadsworth, Ohio			
VEHICLE YEAR MAKE MODEL COLOR 1997 Chrysler Sebring Green	VEHICLE YEAR MAKE MODEL COLOR 2008 Pontiac G-6 Silver			
LICENSE PLATE NUMBER STATE JNU 1095 OHIO	LICENSE PLATE NUMBER STATE HXF 9556 OHIO			
INSURANCE COMPANY Encompass	INSURANCE COMPANY Geico			
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 #1 backed from parking space and struck Unit #2, which was unoccupied. Property damage only.				
OFFICER/SUPERVISOR SIGNATURE Sgt. J. J. [Signature] #255		SKETCH HOW ACCIDENT OCCURRED <input type="checkbox"/> 630 LAKE ST.  INDICATE NORTH BY ARROW Drawing Approximate Not To Scale		