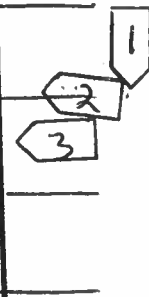


CR NUMBER 21-7435	ACCIDENT DATE 5-11-21	ACCIDENT TIME 1613	DAY OF WEEK Tuesday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 5694 Rhodes Rd. Bldg #2			WEATHER No Adverse	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Smart, Kathleen M. 2-23-99			DRIVER LAST FIRST MIDDLE DOB Paoleta, Raymond A. 8-26-93	
ADDRESS 203 Fox Run Dr.			ADDRESS 4050 Wyndham Ridge Dr. Apt 310	
CITY, STATE, ZIP PHONE NUMBER Venetia PA 15367			CITY, STATE, ZIP PHONE NUMBER Stow OH 44224	
DRIVER'S LICENSE NUMBER STATE OH			DRIVER'S LICENSE NUMBER STATE OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Smart, James			VEHICLE OWNER'S NAME LAST FIRST MIDDLE Paoleta, Katherine J.	
ADDRESS 203 Fox Run Dr.			ADDRESS 4050 Wyndham Ridge Dr. Apt. 310	
CITY, STATE ZIP PHONE NUMBER Venetia PA 15367			CITY, STATE, ZIP PHONE NUMBER STOW OH 44224	
VEHICLE YEAR MAKE MODEL COLOR 2015 Kia Soul Black			VEHICLE YEAR MAKE MODEL COLOR 2015 Ford Focus Red	
LICENSE PLATE NUMBER STATE JVL 2999 PA			LICENSE PLATE NUMBER STATE HNM9469 OH	
INSURANCE COMPANY Pol # 281737241 Encompass Home / Auto			INSURANCE COMPANY Geico Pol # 4589-10-87-21	
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Bumper			PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Rear Bumper, Rear Door (Driver Side)	
DESCRIBE HOW ACCIDENT OCCURRED Vehicle #1 was driving South through the parking lot of 5694 Rhodes Rd. Bldg. #2. Vehicle #2 was parked in a marked parking space facing West, in front of 5694 Bldg #2. Vehicle #2 began backing and was struck by Vehicle #1. Vehicle #2 was pushed into vehicle #3 which was parked next to Vehicle #2.				
OFFICER / SUPERVISOR SIGNATURE J. Cole			SKETCH HOW ACCIDENT OCCURRED 	
INDICATE NORTH BY ARROW Not To Scale			5694 Rhodes Rd. Bldg. #2	
Parking Lot				

CR NUMBER 21-7435	ACCIDENT DATE 5-11-21	ACCIDENT TIME 1613	DAY OF WEEK Tuesday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 5694 Rhodes Rd. Bldg #2				WEATHER No Adverse
VEHICLE NO. 3			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S SOCIAL SECURITY NUMBER	DRIVER'S SOCIAL SECURITY NUMBER			
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED	PARTS OF VEHICLE DAMAGED			
DESCRIBE HOW ACCIDENT OCCURRED				
OFFICER /SUPERVISOR SIGNATURE T. Cole / Sgt. Jones			SKETCH HOW ACCIDENT OCCURRED	
			INDICATE NORTH BY ARROW	