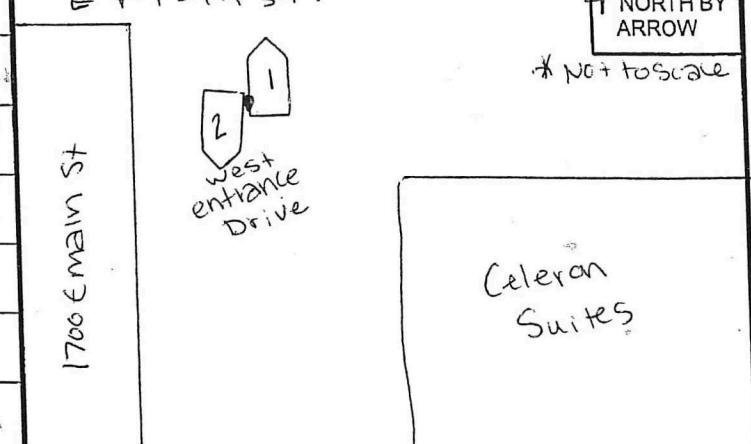
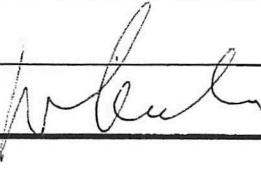


|   |  |                                     |  |   |
|---|--|-------------------------------------|--|---|
| CR NUMBER<br>26-690   | ACCIDENT DATE<br>1/15/26   | ACCIDENT TIME<br>0940 hrs.          | DAY OF WEEK<br>THUR.   | DAYLIGHT<br><input checked="" type="checkbox"/> DAWN OR DUSK<br><input type="checkbox"/> DARK |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)<br>1700 E main st. Kent, OH 44240 West parking lot entrance  |  |                                     | WEATHER<br>No adverse<br>icy parking lot   |   |
| VEHICLE NO. 1   |  | VEHICLE NO. 2 (OR PROPERTY DAMAGED) |  |   |
| DRIVER LAST<br>Panahi Golestani, Younes   | FIRST<br>9/3/88  | DRIVER LAST<br>Ernsberger           | FIRST<br>Shelby Marie  | MIDDLE<br>DOB<br>2127197  |
| ADDRESS<br>1700 E main st Apt 314   |  | ADDRESS<br>343 Miller Ave.          |  |   |
| CITY, STATE, ZIP<br>Kent, OH 44240  | PHONE NUMBER   | CITY, STATE, ZIP<br>Kent, OH 44240  | PHONE NUMBER   |   |
| DRIVER'S LICENSE NUMBER   | STATE<br>OH  | DRIVER'S LICENSE NUMBER             | STATE<br>OH  |   |
| VEHICLE OWNER'S NAME<br>Same AS Above   | LAST   | FIRST                               | MIDDLE   | VEHICLE OWNER'S NAME<br>Ernsberger Sherry Lynn  |
| ADDRESS   | ADDRESS<br>343 Miller Ave.   |                                     |  |   |
| CITY, STATE ZIP   | PHONE NUMBER   | CITY, STATE, ZIP<br>Kent, OH 44240  | PHONE NUMBER   |   |
| VEHICLE<br>2010 TOYOTA Corolla  | YEAR<br>2010   | MAKE<br>Corolla                     | MODEL<br>Gray  | COLOR<br>Gray   |
| LICENSE PLATE<br>KTY9292  | NUMBER<br>0H   | LICENSE PLATE<br>DCR 6277           | NUMBER<br>0H   | STATE<br>OH   |
| INSURANCE COMPANY<br>Progressive  | INSURANCE COMPANY<br>State Farm  |                                     |  |   |
| PARTS OF VEHICLE DAMAGED<br><input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT<br>  | PARTS OF VEHICLE DAMAGED<br><input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT<br>none reported |                                     |  |   |
| DESCRIBE HOW ACCIDENT OCCURRED<br>Unit 1 was stopped NB in the exit drive for 1700 E main st. west<br>Waiting to enter E main st Unit 2 pulled into the west entrance drive and struck Unit 1. Both drivers reported icy parking lot conditions. The driver of Unit 2 advised the rear of her vehicle slid into the rear of Unit 1. Minor damage to Unit 1 and none reported to Unit 2. |  |                                     |  |   |
| SKETCH HOW ACCIDENT OCCURRED<br>E main st.  |  |                                     | <br>* not to scale |   |
| OFFICER/SUPERVISOR SIGNATURE<br>Officer Golestan #251    |  |                                     |  |   |