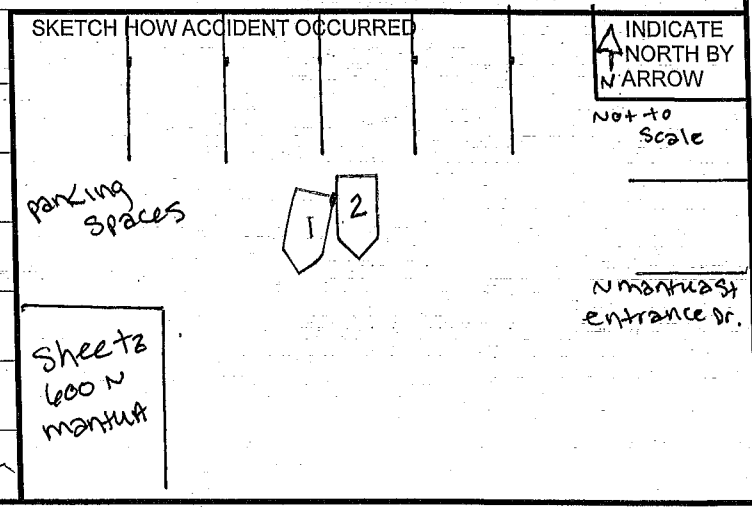


| | | | | |
|----------------------|--------------------------|---------------------------|--------------------|--|
| CR NUMBER 24-2335 | ACCIDENT DATE 2/16/24 | ACCIDENT TIME 0808 hrs | DAY OF WEEK FRI | <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK |
|----------------------|--------------------------|---------------------------|--------------------|--|

| | |
|---|-----------------------|
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) Sheetz 600 N Mantua St. | WEATHER No Adverse |
|---|-----------------------|

| VEHICLE NO. 1 | | | | | VEHICLE NO. 2 (OR PROPERTY DAMAGED) | | | | |
|--|-------|--------|---------|-------|--|---------------|--------|---------|-------|
| DRIVER LAST | FIRST | MIDDLE | DOB | | DRIVER LAST | FIRST | MIDDLE | DOB | |
| Granc | Jarad | Hunter | 7/14/80 | | Binder | Caitlin Leigh | | 5/17/94 | |
| ADDRESS 2240 Lake Rockwell Rd. | | | | | ADDRESS 3210 Greentree Cir. | | | | |
| CITY, STATE, ZIP Ravenna, OH 44266 | | | | | CITY, STATE, ZIP New Castle, PA 16105 | | | | |
| PHONE NUMBER | | | | | PHONE NUMBER | | | | |
| DRIVER'S LICENSE NUMBER | | | | | DRIVER'S LICENSE NUMBER | | | | |
| STATE OH | | | | | STATE PA | | | | |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same As Driver | | | | | VEHICLE OWNER'S NAME LAST FIRST MIDDLE Binder Jr. Wallace | | | | |
| ADDRESS | | | | | ADDRESS 3210 Greentree Cir | | | | |
| CITY, STATE ZIP | | | | | CITY, STATE, ZIP New Castle, PA 16105 | | | | |
| PHONE NUMBER | | | | | PHONE NUMBER | | | | |
| VEHICLE | YEAR | MAKE | MODEL | COLOR | VEHICLE | YEAR | MAKE | MODEL | COLOR |
| | 2023 | Ford | F250 | Gray | | 2016 | Ford | Fusion | Gray |
| LICENSE PLATE NUMBER STATE PLX4400 OH | | | | | LICENSE PLATE NUMBER STATE MDY4393 PA | | | | |
| INSURANCE COMPANY Auto Owners | | | | | INSURANCE COMPANY Westfield | | | | |
| PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT | | | | | PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT | | | | |

DESCRIBE HOW ACCIDENT OCCURRED
 Units 1 and 2 were both backing into parking spaces in the Sheetz parking lot, north of the building. Unit 1 struck Unit 2 while backing up.



OFFICER /SUPERVISOR SIGNATURE
 [Signature] #251