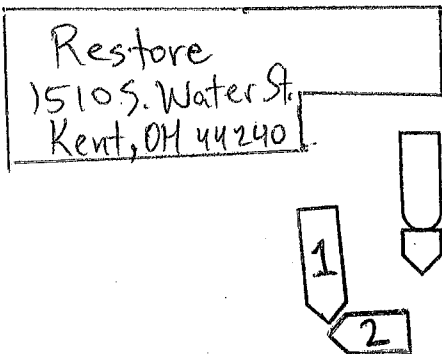


CR NUMBER <b>22-19140</b>	ACCIDENT DATE <b>11-12-22</b>	ACCIDENT TIME <b>1536</b>	DAY OF WEEK <b>SAT</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>Restore - 1510 S. Water St. Kent, OH 44240</b>				WEATHER <b>Clear/No Adverse</b>
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB <b>Bukovac III Michael R 04/04/1962</b>	DRIVER LAST FIRST MIDDLE DOB <b>Herman Tristan R 02/13/2001</b>			
ADDRESS <b>710 Beryl Dr</b>	ADDRESS <b>441 King St.</b>			
CITY, STATE, ZIP PHONE NUMBER <b>Kent, OH 44240</b>	CITY, STATE, ZIP PHONE NUMBER <b>Ravenna, OH 44266</b>			
DRIVER'S LICENSE NUMBER STATE <b>OH</b>	DRIVER'S LICENSE NUMBER STATE <b>OH</b>			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>SAME AS ABOVE</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>SAME AS ABOVE</b>			
ADDRESS	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR <b>2010 Ford E250 WHT</b>	VEHICLE YEAR MAKE MODEL COLOR <b>2014 Nissan Sentra WHT</b>			
LICENSE PLATE NUMBER STATE <b>HXL9398 OH</b>	LICENSE PLATE NUMBER STATE <b>JWQ 2348 OH</b>			
INSURANCE COMPANY <b>Grange</b>	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" 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 2 was traveling through the parking lot by Restore.  
Unit 1 was pulling out of a parking spot and did not see Unit 2 because of a truck that was parked next to him.

SKETCH HOW ACCIDENT OCCURRED



INDICATE NORTH BY ARROW

*[Signature]*  
OFFICER / SUPERVISOR SIGNATURE