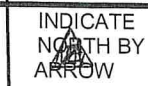
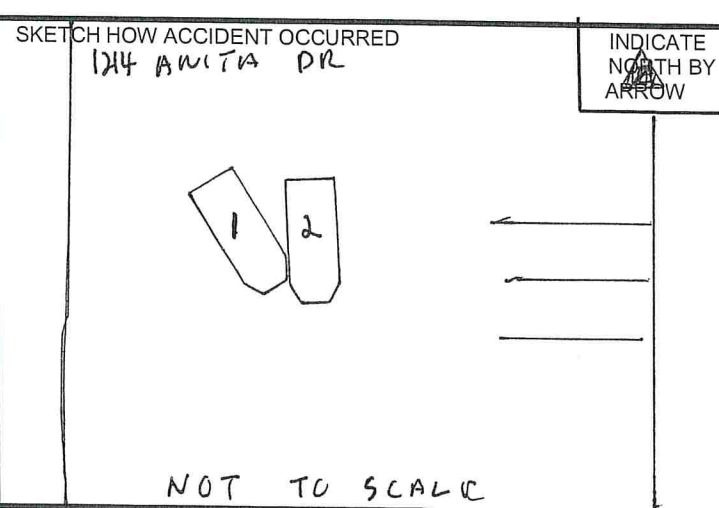


CR NUMBER 22-2645	ACCIDENT DATE 02/22/22	ACCIDENT TIME 1153	DAY OF WEEK TUE	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK	
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1214 ANITA DR			WEATHER RAIN		
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)			
DRIVER LAST FIRST MIDDLE DOB DITOMMASO VITALY A 02/20/98	DRIVER LAST FIRST MIDDLE DOB PINKSTON ANGELA L 02/25/79				
ADDRESS 107 DRUMMOND AVE	ADDRESS 926 STEW CT #202				
CITY, STATE, ZIP PHONE NUMBER HUBBARD OH 44425	CITY, STATE, ZIP PHONE NUMBER KENT OH 44240				
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH				
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME	VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME				
ADDRESS	ADDRESS				
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER				
VEHICLE YEAR MAKE MODEL COLOR 12 MERZ GLK350 CLK	VEHICLE YEAR MAKE MODEL COLOR 10 FORD FUSION BLK				
LICENSE PLATE NUMBER STATE JDB8289 OH	LICENSE PLATE NUMBER STATE JIF1061 OH				
INSURANCE COMPANY STATE FARM	INSURANCE COMPANY TREXIS				
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT FENDER	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 1 STOPPED BEFORE TURNING LEFT INTO A PARKING SPOT. UNIT 2 PASSED UNIT 1 ON THE LEFT. UNIT 1 THEN TURNED LEFT INTO UNIT 2.					
OFFICER /SUPERVISOR SIGNATURE PTL DANNON #336 <i>Dannon</i>		SKETCH HOW ACCIDENT OCCURRED 1214 ANITA DR			INDICATE NORTH BY ARROW 
		 <p style="text-align: center;">NOT TO SCALE</p>			