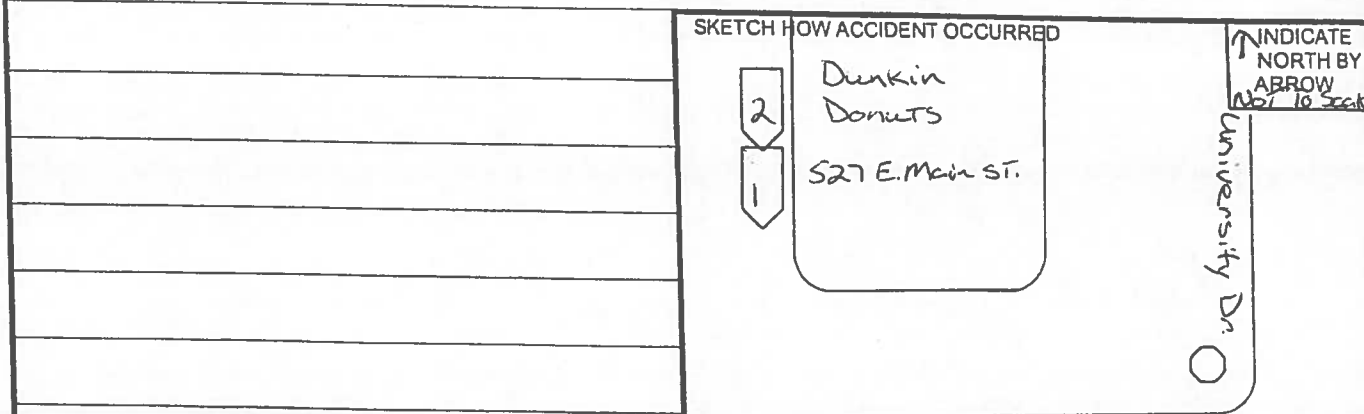


|  |                                  |                              |                                |  |
|--|----------------------------------|------------------------------|--------------------------------|--|
| CR NUMBER<br><b>20-15959</b>   | ACCIDENT DATE<br><b>10-01-20</b> | ACCIDENT TIME<br><b>1345</b> | DAY OF WEEK<br><b>Thursday</b> | <input checked="" type="checkbox"/> DAYLIGHT<br><input type="checkbox"/> DAWN OR DUSK<br><input type="checkbox"/> DARK |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)<br><b>527 E. Main St.</b> |                                  |                              | WEATHER<br><b>No Adverse</b>   |  |

|  |                                |  |                               |                                |  |                                |                               |                               |                                |
|--|--------------------------------|--|-------------------------------|--------------------------------|--|--------------------------------|-------------------------------|-------------------------------|--------------------------------|
| VEHICLE NO. 1                          |                                |  |                               |                                | VEHICLE NO. 2 (OR PROPERTY DAMAGED)    |                                |                               |                               |                                |
| DRIVER LAST                            | FIRST                          | MIDDLE                                   | DOB                           |                                | DRIVER LAST                            | FIRST                          | MIDDLE                        | DOB                           |                                |
| <b>Chaney</b>                          | <b>Samuel</b>                  | <b>P.</b>                                |                               |                                | <b>Husseini</b>                        | <b>Abdelhadi</b>               | <b>A.</b>                     | <b>12-3-89</b>                |                                |
| ADDRESS<br><b>1218 Westshore Dr.</b>   |                                |  |                               |                                | ADDRESS<br><b>1605 Vicgross Ave</b>    |                                |                               |                               |                                |
| CITY, STATE, ZIP                       |                                |  | PHONE NUMBER                  |                                | CITY, STATE, ZIP                       |                                |                               | PHONE NUMBER                  |                                |
| <b>Ashland OH 44004</b>                |                                |  |                               |                                | <b>Akron OH 44310</b>                  |                                |                               |                               |                                |
| DRIVER'S LICENSE NUMBER                |                                |  |                               |                                | DRIVER'S LICENSE NUMBER                |                                |                               |                               |                                |
|  |                                |  |                               |                                | <b>OH</b>                              |                                |                               |                               |                                |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE |                                |  |                               |                                | VEHICLE OWNER'S NAME LAST FIRST MIDDLE |                                |                               |                               |                                |
| <b>Same</b>                            |                                |  |                               |                                | <b>Same</b>                            |                                |                               |                               |                                |
| ADDRESS                                |                                |  |                               |                                | ADDRESS                                |                                |                               |                               |                                |
| CITY, STATE ZIP                        |                                |  |                               |                                | CITY, STATE, ZIP                       |                                |                               |                               |                                |
| PHONE NUMBER                           |                                |  |                               |                                | PHONE NUMBER                           |                                |                               |                               |                                |
| VEHICLE YEAR                           | MAKE                           | MODEL                                    | COLOR                         |                                | VEHICLE YEAR                           | MAKE                           | MODEL                         | COLOR                         |                                |
| <b>2016</b>                            | <b>Mazda</b>                   | <b>6</b>                                 | <b>Red</b>                    |                                | <b>2012</b>                            | <b>Chevy</b>                   | <b>Impala</b>                 | <b>Black</b>                  |                                |
| LICENSE PLATE NUMBER                   | STATE                          |  |                               |                                | LICENSE PLATE NUMBER                   | STATE                          |                               |                               |                                |
| <b>HNWS607</b>                         | <b>OH</b>                      |  |                               |                                | <b>HEY7871</b>                         | <b>OH</b>                      |                               |                               |                                |
| INSURANCE COMPANY                      |                                |  |                               |                                | INSURANCE COMPANY                      |                                |                               |                               |                                |
| <b>Geico 4026-16-96-90</b>             |                                |  |                               |                                | <b>Progressive 912904946</b>           |                                |                               |                               |                                |
| 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 type="checkbox"/> RIGHT |
| <b>Bumper</b>                          |                                |  |                               |                                | <b>None</b>                            |                                |                               |                               |                                |

DESCRIBE HOW ACCIDENT OCCURRED  
**Vehicle #1 was stopped in the drive thru of 527 E. Main St. facing South. Vehicle #2 was stopped behind Vehicle #1. Vehicle #2 rolled forward into the rear of Vehicle #1.**



OFFICER /SUPERVISOR SIGNATURE  
**T. Cole**

**E. Main St.**