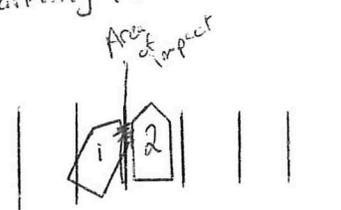


|  |   |   |                           |  |
|--|---|---|---------------------------|--|
| CR NUMBER<br><b>26-3805</b>  | ACCIDENT DATE<br><b>03/12/20</b>  | ACCIDENT TIME<br><b>1715</b>  | DAY OF WEEK<br><b>Thu</b> | <input checked="" type="checkbox"/> DAYLIGHT<br><input type="checkbox"/> DAWN OR DUSK<br><input type="checkbox"/> DARK             |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)<br><b>1524 S Water st.</b>  |   |   | WEATHER<br><b>Clear</b>   |  |
| VEHICLE NO. 1  |   | VEHICLE NO. 2 (OR PROPERTY DAMAGED)   |                           |  |
| DRIVER LAST FIRST MIDDLE DOB<br><b>Frampton Benjamin Joshua 1-12-10</b>  | DRIVER LAST FIRST MIDDLE DOB<br><b>Unoccupied</b>   |   |                           |  |
| ADDRESS<br><b>4857 Perie Wood LN</b>   | ADDRESS   |   |                           |  |
| CITY, STATE, ZIP PHONE NUMBER<br><b>Kent, OH 44220</b>   | CITY, STATE, ZIP PHONE NUMBER   |   |                           |  |
| DRIVER'S LICENSE NUMBER STATE<br><b>OH</b>   | DRIVER'S LICENSE NUMBER STATE   |   |                           |  |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE<br><b>Hershberger Cheryl R.</b>   | VEHICLE OWNER'S NAME LAST FIRST MIDDLE<br><b>Peters Mark Kevin</b>  |   |                           |  |
| ADDRESS<br><b>4857 Perie Wood LN</b>   | ADDRESS<br><b>7322 U.S Route 222</b>  |   |                           |  |
| CITY, STATE, ZIP PHONE NUMBER<br><b>Kent, OH 44220</b>   | CITY, STATE, ZIP PHONE NUMBER<br><b>Williamsfield, OH 44093</b>   |   |                           |  |
| VEHICLE YEAR MAKE MODEL COLOR<br><b>2012 Honda CRU MAR</b>   | VEHICLE YEAR MAKE MODEL COLOR<br><b>2018 Chevy Cruze White</b>  |   |                           |  |
| LICENSE PLATE NUMBER STATE<br><b>KOV9557 OH</b>  | LICENSE PLATE NUMBER STATE<br><b>HVK 2628 OH</b>  |   |                           |  |
| INSURANCE COMPANY<br><b>Progressive</b>  | INSURANCE COMPANY<br><b>Allstate</b>  |   |                           |  |
| PARTS OF VEHICLE DAMAGED<br><input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT<br> | PARTS OF VEHICLE DAMAGED<br><input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT<br> |   |                           |  |
| DESCRIBE HOW ACCIDENT OCCURRED<br>Unit #2 was parked unoccupied in the parking lot of 1524 S. Water st. Unit #1 struck Unit #2 in the left side as it attempted to park.   |   |   |                           |  |
| OFFICER/SUPERVISOR SIGNATURE<br>  |   | SKETCH HOW ACCIDENT OCCURRED<br>11th Frame Parking lot<br> |                           | INDICATE NORTH BY ARROW<br><br>"Not to Scale" |
|  |   |    |                           |  |
|  |   |   |                           |  |
|  |   |   |                           |  |
|  |   |   |                           |  |