

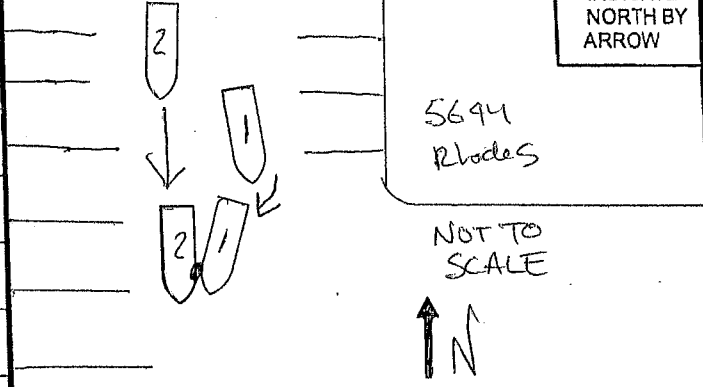
CR NUMBER 22-4296	ACCIDENT DATE 3/20/22	ACCIDENT TIME 0300	DAY OF WEEK SUN	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 5694 Rhodes Rd. Parking Lot			WEATHER drizzle	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
Nader	Gabriel	N.	1/30/2001		Majercak	Molly	C.	5/27/03	
ADDRESS 780 Crescent Dr.					ADDRESS 3100 Center Rd.				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
Heath, OH 43056					Aron, OH 44011				
DRIVER'S LICFNSF NUMBER				STATE	DRIVER'S LICFNSF NUMBER				STATE
				OH					OH
VEHICLE OWNER'S NAME LAST FIRST MIDDLE				VEHICLE OWNER'S NAME LAST FIRST MIDDLE					
SAA				EAN Holdings					
ADDRESS					ADDRESS				
					14002 E 21st St. Suite 1500				
CITY, STATE ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
					Tulsa, OK 74134				
VEHICLE YEAR	MAKE	MODEL	COLOR		VEHICLE YEAR	MAKE	MODEL	COLOR	
2007	Honda	Accord	Sil		2020	TOYT	Rav4	gray	
LICENSE PLATE NUMBER		STATE			LICENSE PLATE NUMBER		STATE		
JAN 2881		OH			JNW 1404		NY		
INSURANCE COMPANY					INSURANCE COMPANY				
STATE FARM					PROGRESSIVE				
PARTS OF VEHICLE DAMAGED					PARTS OF VEHICLE DAMAGED				
<input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT FRONT QUARTER PANEL					<input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT FRONT LEFT QUARTER PANEL				

DESCRIBE HOW ACCIDENT OCCURRED

Unit #1 was making a wide ^{right} turn into a parking spot. Unit #2 tried to pass unit #1 on the right side. Unit #2 side swiped Unit #1 as they passed.

SKETCH HOW ACCIDENT OCCURRED



OFFICER /SUPERVISOR SIGNATURE

[Signature] #257