

|   |   |  |                       |  |
|---|---|--|-----------------------|--|
| CR NUMBER<br>20-8634  | ACCIDENT DATE<br>6-2-20   | ACCIDENT TIME<br>1403                              | DAY OF WEEK<br>TUE    | <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>1280 S. WATER ST  |   |  | WEATHER<br>NO ADVERSE |  |
| VEHICLE NO. 1   |   | VEHICLE NO. 2 (OR PROPERTY DAMAGED)                |                       |  |
| DRIVER LAST FIRST MIDDLE DOB<br>GREENE TIFFANY N 12-21-82   | DRIVER LAST FIRST MIDDLE DOB<br>RHOADS JOHN S 1-6-48  |  |                       |  |
| ADDRESS<br>416 CHERRY ST # 201  | ADDRESS<br>1066 ELWOOD AVE  |  |                       |  |
| CITY, STATE, ZIP PHONE NUMBER<br>KENT OH 44240  | CITY, STATE, ZIP PHONE NUMBER<br>KENT OH 44240  |  |                       |  |
| DRIVER'S LICENSE NUMBER STATE<br>OH   | DRIVER'S LICENSE NUMBER STATE<br>OH   |  |                       |  |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE<br>PARTNER A INC   | VEHICLE OWNER'S NAME LAST FIRST MIDDLE<br>SAME  |  |                       |  |
| ADDRESS<br>11 BROADWAY AVE  | ADDRESS   |  |                       |  |
| CITY, STATE ZIP PHONE NUMBER<br>BEDFORD OH 44146  | CITY, STATE, ZIP PHONE NUMBER   |  |                       |  |
| VEHICLE YEAR MAKE MODEL COLOR<br>20 MAZD CX-5 WHI   | VEHICLE YEAR MAKE MODEL COLOR<br>04 DODG CALAVAN RED  |  |                       |  |
| LICENSE PLATE NUMBER STATE<br>LFT 6948 OH   | LICENSE PLATE NUMBER STATE<br>DCR 6248 OH   |  |                       |  |
| INSURANCE COMPANY<br>PROGRESSIVE 928753375  | INSURANCE COMPANY<br>GRANULE 1844977  |  |                       |  |
| PARTS OF VEHICLE DAMAGED<br><input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT | PARTS OF VEHICLE DAMAGED<br><input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT |  |                       |  |
| DESCRIBE HOW ACCIDENT OCCURRED  |   |  |                       |  |
| UNIT 1 WAS IN THE DRIVE-THRU OF MCDONALD'S. UNIT 2 WAS BEHIND UNIT 1. UNIT 2 STRUCK UNIT 1 CAUSING DAMAGE   |   |  |                       |  |
| OFFICER / SUPERVISOR SIGNATURE<br>[Signature] #221  |   | SKETCH HOW ACCIDENT OCCURRED                       |                       |  |
|   |   | <p>INDICATE NORTH BY ARROW</p> <p>NOT TO SCALE</p> |                       |  |