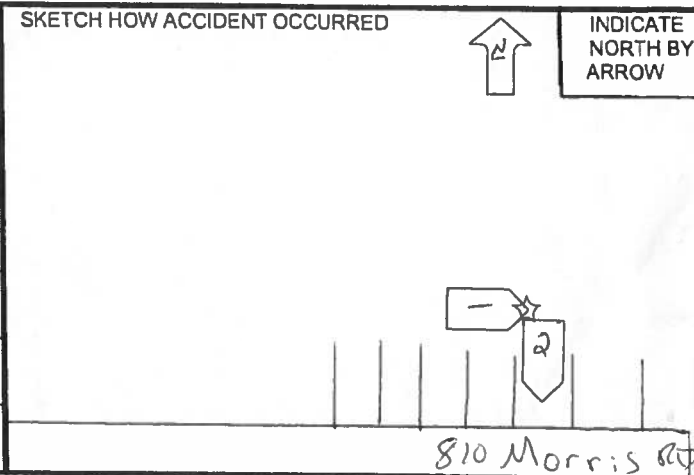


CR NUMBER 20-13448	ACCIDENT DATE 08-23-20	ACCIDENT TIME 1641	DAY OF WEEK Sun	DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 810 Morris Rd Kent OH 44240	WEATHER Cloudy
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB Ostakovic Haley D 9-30-02	DRIVER LAST FIRST MIDDLE DOB Van Oram Cori E 4-29-01								
ADDRESS 8966 Cedar Bend Dr	ADDRESS 5291 Ledge Rock Dr								
CITY, STATE, ZIP PHONE NUMBER O Sylvania OH 43560	CITY, STATE, ZIP PHONE NUMBER Rootstown OH 44272								
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH								
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Ostakovic Gina M	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Van Oram Todd								
ADDRESS S.A.A.	ADDRESS S.A.A.								
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER								
VEHICLE YEAR MAKE MODEL COLOR 2018 A.J.D. A3 Bk	VEHICLE YEAR MAKE MODEL COLOR 2013 Buick Encore White								
LICENSE PLATE NUMBER STATE HJC 1A1A OH	LICENSE PLATE NUMBER STATE HAE 2932 OH								
INSURANCE COMPANY State farm 968-0088-823-35	INSURANCE COMPANY Pekin 005347412								
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT								

DESCRIBE HOW ACCIDENT OCCURRED  
Unit 1 was traveling east through the parking lot, Unit 2 was backing from south to north out of a parking lot. Unit 2 did not see Unit 1 and backed into the front passenger side of Unit 1.



OFFICER / SUPERVISOR SIGNATURE  
*[Signature]* #124