

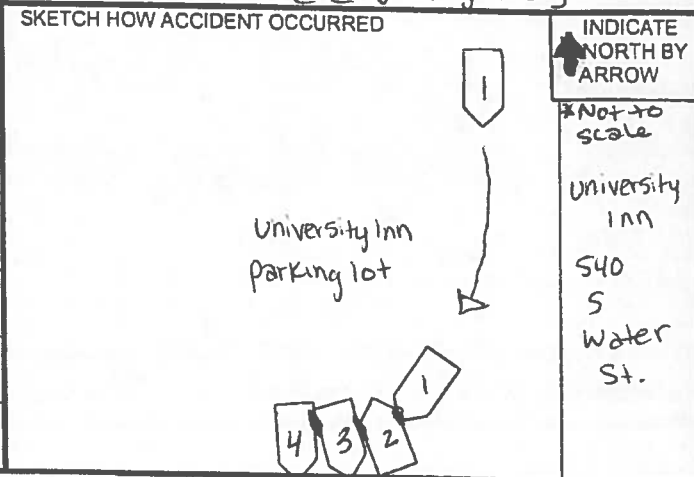





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|--|---------------------------------|------------------------------|---|--|
| CR NUMBER 21-2086 | ACCIDENT DATE 2/14/21 | ACCIDENT TIME 2319 | DAY OF WEEK SUN | <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) Parking Lot of University Inn 540 S. Water St. | | | WEATHER No Adverse/Icy Pavement | |
| VEHICLE NO. 1 | | | VEHICLE NO. 2 (OR PROPERTY DAMAGED) | |
| DRIVER LAST FIRST MIDDLE DOB Overdorf Gaven Lee 11/30/02 | | | DRIVER LAST FIRST MIDDLE DOB PARKED | |
| ADDRESS 540 S Water St Apt 505 | | | ADDRESS | |
| CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240 | | | CITY, STATE, ZIP PHONE NUMBER | |
| DRIVER'S LICENSE NUMBER STATE OH | | | DRIVER'S LICENSE NUMBER STATE | |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME AS DRIVER | | | VEHICLE OWNER'S NAME LAST FIRST MIDDLE Rhinehart Christy M | |
| ADDRESS | | | ADDRESS 540 S Water St. Apt 410 | |
| CITY, STATE ZIP PHONE NUMBER | | | CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240 | |
| VEHICLE YEAR MAKE MODEL COLOR 2006 Saab 9-3 Silver | | | VEHICLE YEAR MAKE MODEL COLOR 2008 Chevy Cobalt Blue | |
| LICENSE PLATE NUMBER STATE JIC 8240 OH | | | LICENSE PLATE NUMBER STATE L037045 OH | |
| INSURANCE COMPANY Progressive | | | INSURANCE COMPANY None | |
| 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 checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT  | |
| DESCRIBE HOW ACCIDENT OCCURRED Unit 1 was driving through the parking lot of the University Inn. The driver lost control of the vehicle and struck unit 2. The impact caused unit 2 to strike unit 3 and unit 3 to strike unit 4. Units 2, 3, and 4 were parked and unoccupied. The pavement conditions were very icy. | | | | |
| OFFICER /SUPERVISOR SIGNATURE [Signature] #251 | | | SKETCH HOW ACCIDENT OCCURRED  | |

| | | | | |
|---|---------------------------------|--|---|--|
| CR NUMBER 21-2086 | ACCIDENT DATE 2/14/21 | ACCIDENT TIME 2319 | 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) Parking Lot of University Inn 540 S. Water St. | | | WEATHER No Adverse / Icy Pavement | |
| VEHICLE NO. 3 | | VEHICLE NO. ^{4} 3 (OR PROPERTY DAMAGED) | | |
| DRIVER LAST FIRST MIDDLE DOB PARKED | | DRIVER LAST FIRST MIDDLE DOB PARKED | | |
| ADDRESS | | ADDRESS | | |
| CITY, STATE, ZIP PHONE NUMBER | | CITY, STATE, ZIP PHONE NUMBER | | |
| DRIVER'S LICENSE NUMBER STATE | | DRIVER'S LICENSE NUMBER STATE | | |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE Ramicone Dominic R | | VEHICLE OWNER'S NAME LAST FIRST MIDDLE Hart Timothy J | | |
| ADDRESS 7673 meadow Brooke way | | ADDRESS 6339 Morgan Rd | | |
| CITY, STATE ZIP PHONE NUMBER Northfield, OH 44067 | | CITY, STATE, ZIP PHONE NUMBER Ravenna, OH 44266 | | |
| VEHICLE YEAR MAKE MODEL COLOR 2016 Ford Fusion Black | | VEHICLE YEAR MAKE MODEL COLOR 2007 BMW 328i Black | | |
| LICENSE PLATE NUMBER STATE GPV 3195 OH | | LICENSE PLATE NUMBER STATE M 038143 OH | | |
| INSURANCE COMPANY Geico | | INSURANCE COMPANY Progressive | | |
| PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT  | | PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT  | | |
| DESCRIBE HOW ACCIDENT OCCURRED See page 1 | | | | |
| OFFICER / SUPERVISOR SIGNATURE AC. ARB #251  | | SKETCH HOW ACCIDENT OCCURRED See page 1 | | INDICATE NORTH BY ARROW |