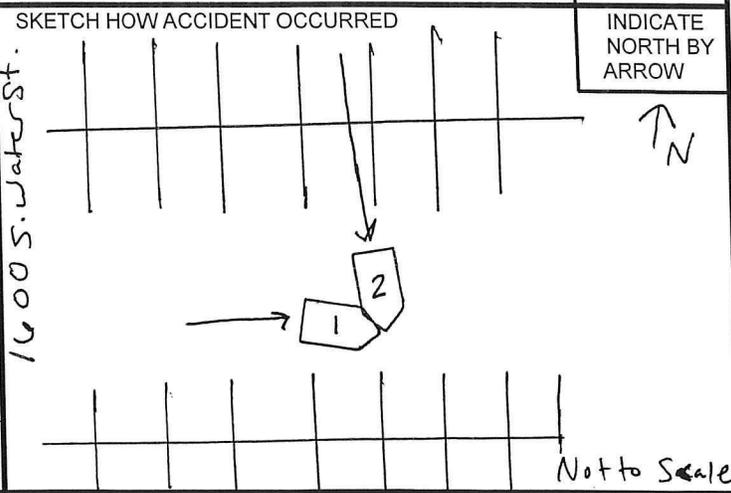


CR NUMBER 26-4224	ACCIDENT DATE 3/19/26	ACCIDENT TIME 1142	DAY OF WEEK Thu	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1600 Swater st.			WEATHER Cloudy	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Thomas Xavier Matthew 6/23/01			DRIVER LAST FIRST MIDDLE DOB BAKER Marlon Scott 9/6/1962	
ADDRESS 540 S. Waterst. #305			ADDRESS 4504 Vista Cir.	
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240			CITY, STATE, ZIP PHONE NUMBER Kent OH 44240	
DRIVER'S LICENSE NUMBER STATE OH			DRIVER'S LICENSE NUMBER STATE OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAA			VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAA	
ADDRESS			ADDRESS	
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR 2015 Sub Forester TAN			VEHICLE YEAR MAKE MODEL COLOR 2011 Merz S550 Silver	
LICENSE PLATE NUMBER STATE U885439 OH			LICENSE PLATE NUMBER STATE 2502UX OH	
INSURANCE COMPANY None			INSURANCE COMPANY USAA 0480 22303-7101	
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Bumper/wheelwell/headlight.			PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT Bumper/wheelwell	

DESCRIBE HOW ACCIDENT OCCURRED

Unit one was driving in the eastbound traffic way between parking aisles in front of 1600 S. Waterst Unit two, driving southbound through parking aisles struck unit one. property damage to both vehicles.



OFFICER / SUPERVISOR SIGNATURE
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