
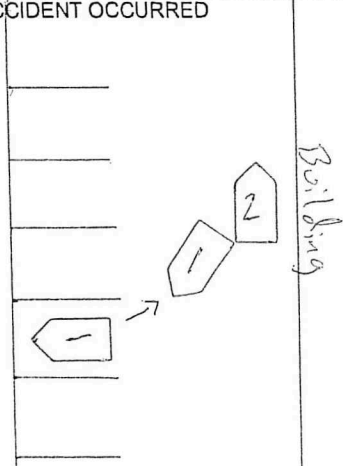


CR NUMBER <u>26-53</u>	ACCIDENT DATE <u>1-2-26</u>	ACCIDENT TIME <u>11/6</u>	DAY OF WEEK <u>Friday</u>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <u>312 W. Main St</u>				WEATHER <u>Clear</u>

VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB <u>Kline Casey L 11-13-87</u>	DRIVER LAST FIRST MIDDLE DOB <u>Schwartz Peter P. 12-21-62</u>
ADDRESS <u>1324 Greenwood Ave</u>	ADDRESS <u>760 Alameda Ave</u>
CITY, STATE, ZIP PHONE NUMBER <u>Kent, OH 44240</u>	CITY, STATE, ZIP PHONE NUMBER <u>Cuyahoga Falls, OH 44221</u>
DRIVER'S LICENSE NUMBER STATE <u>OH</u>	DRIVER'S LICENSE NUMBER STATE <u>OH</u>
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <u>Same</u>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <u>Same</u>
ADDRESS	ADDRESS
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR <u>2014 HONDA ODYSSEY GREY</u>	VEHICLE YEAR MAKE MODEL COLOR <u>2008 TOYOTA PRIUS GREY</u>
LICENSE PLATE NUMBER STATE <u>KQH3038 OH</u>	LICENSE PLATE NUMBER STATE <u>HDL8724 OH</u>
INSURANCE COMPANY <u>Progressive</u>	INSURANCE COMPANY <u>Franklin - Muth INS</u>
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <u>None</u>	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 
DESCRIBE HOW ACCIDENT OCCURRED <u>Unit 1 backed from a parking spot</u> <u>and struck Unit 2</u>	
OFFICER /SUPERVISOR SIGNATURE <u>[Signature] #250</u>	SKETCH HOW ACCIDENT OCCURRED  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-top: 10px;"> INDICATE NORTH BY ARROW Not To Scale </div>