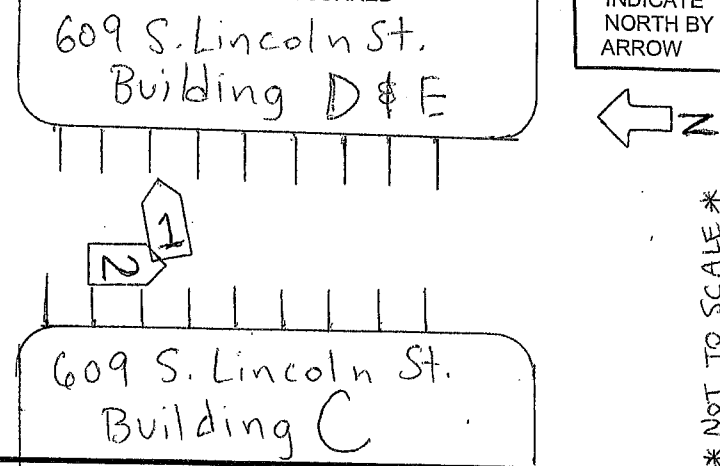


CR NUMBER 22-3121	ACCIDENT DATE 3-2-22	ACCIDENT TIME 1610	DAY OF WEEK Wed.	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 609 S. Lincoln St. # D/E - C			WEATHER Clear	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Weisdack Julia Rose 1/7/00			DRIVER LAST FIRST MIDDLE DOB Cramer, Danielle, Jolene	
ADDRESS 609 S. Lincoln St. # D203			ADDRESS 609 S. Lincoln St. # A103	
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240			CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240	
DRIVER'S LICENSE NUMBER STATE PA			DRIVER'S LICENSE NUMBER STATE PA	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE - SAA -			VEHICLE OWNER'S NAME LAST FIRST MIDDLE Cramer Kris E.	
ADDRESS			ADDRESS 102 Daisy St.	
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER Johnstown, PA 15905	
VEHICLE YEAR MAKE MODEL COLOR 2007 Ford Fusion Wht.			VEHICLE YEAR MAKE MODEL COLOR 2019 Nissan Altima Silver	
LICENSE PLATE NUMBER STATE JJW 3959 PA			LICENSE PLATE NUMBER STATE LJG 0889 PA	
INSURANCE COMPANY State Farm			INSURANCE COMPANY Allstate	
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" 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 type="checkbox"/> RIGHT	

DESCRIBE HOW ACCIDENT OCCURRED

Unit 1 was backing out of her parking spot. Unit 2 was in the main aisle. Unit 1 did not see Unit 2 and backed into her.

SKETCH HOW ACCIDENT OCCURRED



OFFICER/SUPERVISOR SIGNATURE
[Signature] #233