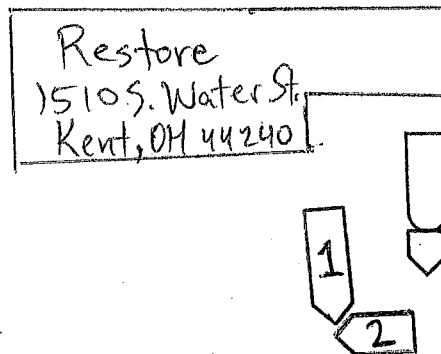


CR NUMBER 22-19410	ACCIDENT DATE 11-12-22	ACCIDENT TIME 1536	DAY OF WEEK SAT	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) Restore - 1510 S. Water St. Kent, OH 44240				WEATHER Clear/No Adverse
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Bukovac III Michael R 04/04/1962	DRIVER LAST FIRST MIDDLE DOB Herman Tristan R 02/13/2001			
ADDRESS 710 Beryl Dr	ADDRESS 441 King St.			
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240	CITY, STATE, ZIP PHONE NUMBER Ravenna, OH 44266			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME AS ABOVE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME AS ABOVE			
ADDRESS	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 2010 Ford E250 WHT	VEHICLE YEAR MAKE MODEL COLOR 2014 Nissan Sentra WHT			
LICENSE PLATE NUMBER STATE HXL9398 OH	LICENSE PLATE NUMBER STATE JWQ 2348 OH			
INSURANCE COMPANY Grange	INSURANCE COMPANY			
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 type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT			

DESCRIBE HOW ACCIDENT OCCURRED

Unit 2 was traveling through the parking lot by Restore.
Unit 1 was pulling out of a parking spot and did not see Unit 2 because of a truck that was parked next to him.

SKETCH HOW ACCIDENT OCCURRED



INDICATE NORTH BY ARROW

[Signature]
OFFICER/SUPERVISOR SIGNATURE