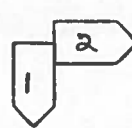


CR NUMBER 20-11734	ACCIDENT DATE 07-27-20	ACCIDENT TIME 1220	DAY OF WEEK Monday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 202 E. Main St.			WEATHER No Adverse	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Davis, Richard D. 7-17-56			DRIVER LAST FIRST MIDDLE DOB Konijeti, Venkata S. 4-26-95	
ADDRESS 6259 Esplanth Rd.			ADDRESS 316 Dale Dr. Apt. 102	
CITY, STATE, ZIP Ravenna OH 44266			CITY, STATE, ZIP Kent OH 44240	
PHONE NUMBER			PHONE NUMBER	
DRIVER'S LICENSE NUMBER OH			DRIVER'S LICENSE NUMBER OH	
STATE			STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Nelson, Sue A.			VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	
ADDRESS Same			ADDRESS	
CITY, STATE ZIP			CITY, STATE, ZIP	
PHONE NUMBER			PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR 2010 Toyota Prius Black			VEHICLE YEAR MAKE MODEL COLOR 2018 Ford Fiesta Black	
LICENSE PLATE NUMBER STATE HN4421 OH			LICENSE PLATE NUMBER STATE K726141 OH	
INSURANCE COMPANY Cincinnati Casualty			INSURANCE COMPANY Liberty Pol # A0V2815233584006	
POL # EBAD067144			POL # A0V2815233584006	
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Rear Driver Side			PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT No Damage	
DESCRIBE HOW ACCIDENT OCCURRED				
Unit #1 was parked facing South in front of 202 E. Main St.				
Unit #2 was parked facing East and began backing in a Westbound direction and struck the rear driver side of Unit #1.				
OFFICER / SUPERVISOR SIGNATURE I. Cole			ETCH HOW ACCIDENT OCCURRED	
			E. Main St.  Parking Lot	
			↑ INDICATE NORTH BY ARROW NOT TO SCALE	
			Firestone 202 E. Main St.	