

CR NUMBER <b>20-11073</b>	ACCIDENT DATE <b>7-15-20</b>	ACCIDENT TIME <b>10:51 AM</b>	DAY OF WEEK <b>WED</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
------------------------------	---------------------------------	----------------------------------	---------------------------	--

LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>300 STOW ST. (KRAMER FIELDS) KENT, OH. 44240</b>	WEATHER <b>Clear/SUNNY</b>
---	-------------------------------

VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB <b>MAHER, DON F II 1-6-61</b>	DRIVER LAST FIRST MIDDLE DOB
ADDRESS <b>6995 DOVER ZOO RD NE</b>	ADDRESS
CITY, STATE, ZIP PHONE NUMBER <b>Dover, OH. 44622</b>	CITY, STATE, ZIP PHONE NUMBER
DRIVER'S LICENSE NUMBER STATE <b>OH</b>	DRIVER'S LICENSE NUMBER STATE

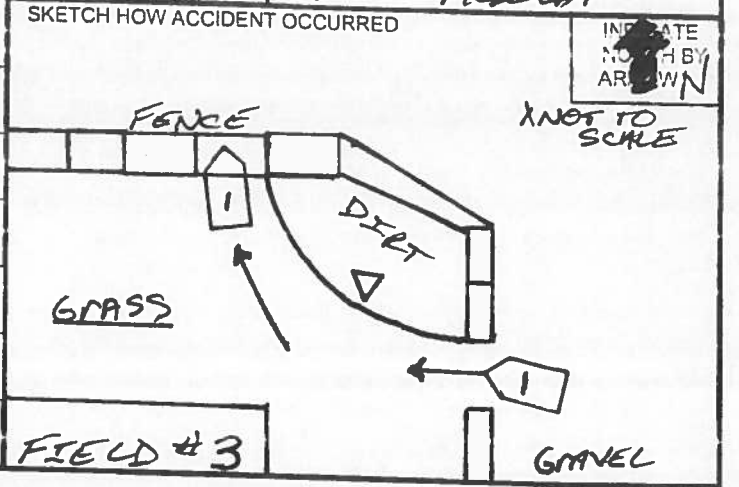
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>FOSTER, LESLIE L JR.</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>CITY OF KENT PARKS &amp; RECREATION</b>
ADDRESS <b>540</b>	ADDRESS <b>497 MIDDLE BURY RD</b>
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER <b>KENT, OH. 44240 330-673-8897</b>

VEHICLE YEAR MAKE MODEL COLOR <b>02 JEEP Liberty BLK</b>	VEHICLE YEAR MAKE MODEL COLOR
LICENSE PLATE NUMBER STATE <b>HYN-6914 OH</b>	LICENSE PLATE NUMBER STATE

INSURANCE COMPANY <b>UNKNOWN</b>	INSURANCE COMPANY
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>HOOD, WINDSHIELD</b>	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT

DESCRIBE HOW ACCIDENT OCCURRED

**UNIT ONE ENTERED FIELD THREE THROUGH AN OPEN GATE. HE TRAVELED ACROSS THE FIELD STRIKING THE FENCE ENCLOSURE. HE CONTINUED FORWARD, DAMAGING THREE SECTIONS OF FENCE; FIRE DIVOTS IN GRASS. THE OPERATOR WAS LOCATED, STOPPED. HE WAS DISORIENTED, AND TRANSPORTED TO THE HOSPITAL FOR A MEDICAL EMERGENCY. THIS INCIDENT WAS CAUSED BY THE MEDICAL EMERGENCY.**



OFFICER / SUPERVISOR SIGNATURE  
**Dan Wheel**