

CR NUMBER <b>16-10893</b>	ACCIDENT DATE <b>5-12-16</b>	ACCIDENT TIME <b>1607</b>	DAY OF WEEK <b>THU</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>237 COMANCHE PL. KENT, OH. 44240</b>			WEATHER <b>SUNNY / CLEAR</b>	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB <b>BENDIG, SAMANTHA C 3-18-95</b>		DRIVER LAST FIRST MIDDLE DOB <b>COMPTON, ADAM D. 7-11-92</b>		
ADDRESS <b>9 WINDSOR DR.</b>		ADDRESS <b>1004 THOMAS DR SW</b>		
CITY, STATE, ZIP <b>GREENVILLE, PA 16125</b>		CITY, STATE, ZIP <b>NEW PHILA. OH. 44633</b>		
PHONE NUMBER <b>724 815-5369</b>		PHONE NUMBER <b>330 934-0907</b>		
DRIVER'S SOCIAL SECURITY NUMBER		DRIVER'S SOCIAL SECURITY NUMBER		
DRIVER'S LICENSE NUMBER <b>30 T82045</b>		DRIVER'S LICENSE NUMBER <b>TM862086</b>		
STATE <b>PA</b>		STATE <b>OH</b>		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>BENDIG, MATTHEW J</b>		VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>COMPTON, GARY A</b>		
ADDRESS <b>SAC</b>		ADDRESS <b>SAC</b>		
CITY, STATE, ZIP		CITY, STATE, ZIP		
PHONE NUMBER <b>724 456-1510</b>		PHONE NUMBER <b>330 339-6460</b>		
VEHICLE YEAR MAKE MODEL COLOR <b>07 JEEP LIBERTY SIL.</b>		VEHICLE YEAR MAKE MODEL COLOR <b>15 CHEV CRUZE BLK</b>		
LICENSE PLATE NUMBER STATE <b>ETP-7681 PA</b>		LICENSE PLATE NUMBER STATE <b>GOW-6808 OH</b>		
INSURANCE COMPANY <b>ERIE - 806 250 8010</b>		INSURANCE COMPANY <b>AMERICAN NAT. 341M945372</b>		
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>NONE</b>		PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT <b>BUMPER</b>		
DESCRIBE HOW ACCIDENT OCCURRED <b>UNIT ONE ATTEMPTED TO BACK STRIKING UNIT TWO.</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SKETCH HOW ACCIDENT OCCURRED</p> <p><b>SHANNEE DR.</b></p> </div> <div style="width: 45%; text-align: right;"> <p>INDICATE NORTH BY ARROW</p> <p>NOT TO SCALE</p> </div> </div>				
OFFICER / SUPERVISOR SIGNATURE <b>16-10893 / [Signature]</b>		<div style="display: flex; justify-content: space-between;"> <div>INDIAN</div> <div>237</div> <div>VALLEY APTS.</div> </div>		