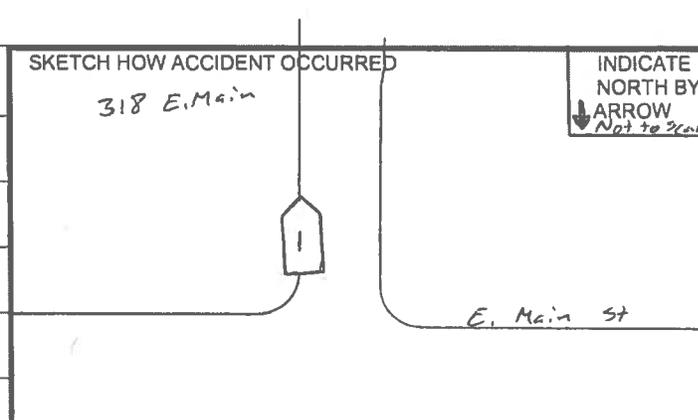


CR NUMBER <i>16-26997</i>	ACCIDENT DATE <i>12-7-16</i>	ACCIDENT TIME <i>1130</i>	DAY OF WEEK <i>WED</i>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <i>318 East Main street</i>			WEATHER <i>Clear</i>	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB <i>Shahini, Saleh W. 07-28-94</i>	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS <i>1892 Algonquin Pl</i>	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER <i>Kent, OH 44240 (234) 303-8636</i>	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE <i>UE 013982 OH</i>	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <i>SMC</i>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR <i>2005 Dodge Grand Caravan SIL</i>	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE <i>GXR1421 OH</i>	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED <i>Unit #1 was pulling into the driveway of 318 East Main street. Unit #1 left the driveway and struck a stump. Unit #1 became stuck and required a tow truck to be pulled out. Grass in yard tore up. No further damages.</i>				
			SKETCH HOW ACCIDENT OCCURRED <i>318 E. Main</i> 	
OFFICER /SUPERVISOR SIGNATURE <i>PAH / L / #250 / [Signature] #241</i>			INDICATE NORTH BY ARROW <i>Not to scale</i>	