
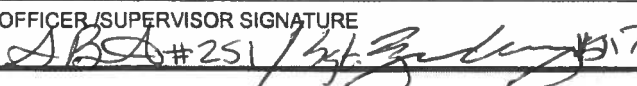
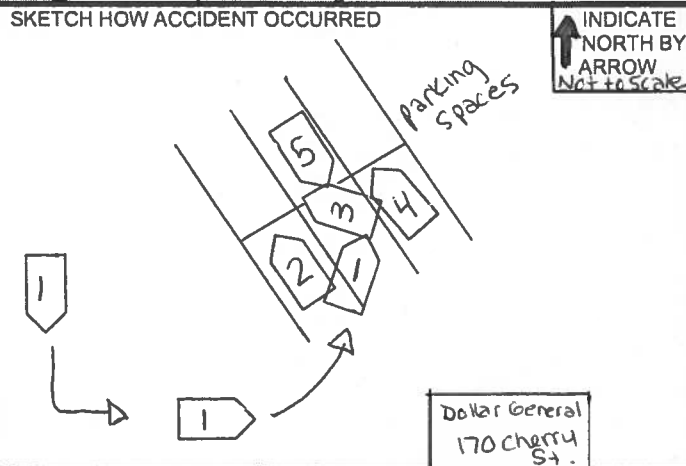


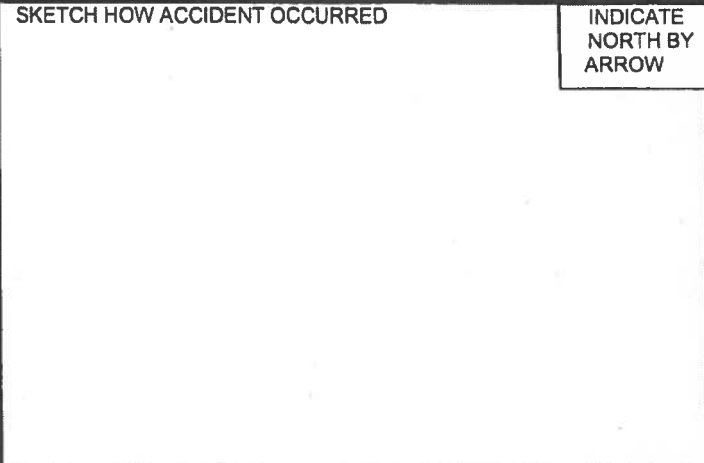


CR NUMBER 16-27851	ACCIDENT DATE 12/19/16	ACCIDENT TIME 2037	DAY OF WEEK MON	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) University Plaza In front of Dollar General (170 cherry st)			WEATHER No Adverse	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Waltz Jonathan E. 10/11/79		DRIVER LAST FIRST MIDDLE DOB UNOCCUPIED		
ADDRESS 1536 Vine St.		ADDRESS		
CITY, STATE, ZIP Kent, OH 44240		PHONE NUMBER 330-280-1216		
DRIVER'S LICENSE NUMBER RS073760		STATE OH		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE myers James P.		VEHICLE OWNER'S NAME LAST FIRST MIDDLE Branham Tracy L.		
ADDRESS 3251 Plainview Rd.		ADDRESS 2544 Benton Ave Apt. 10C		
CITY, STATE ZIP Ravenna, OH 44266		PHONE NUMBER 330-322-1795		
VEHICLE YEAR MAKE MODEL COLOR 2002 Chevy Express Red		VEHICLE YEAR MAKE MODEL COLOR 2016 Jeep Renegade Tan		
LICENSE PLATE NUMBER STATE PCQ2439 OH		LICENSE PLATE NUMBER STATE GYX4914 OH		
INSURANCE COMPANY Central Mutual		INSURANCE COMPANY State Farm		
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT NONE		PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 		
DESCRIBE HOW ACCIDENT OCCURRED Unit 1 was traveling through University Plaza. Unit 1 slid on a patch of ice causing the driver to lose control striking Units 2 and 3. The force from the impact caused unit 3 to strike units 4 and 5. Units 2, 3, 4, and 5 were parked and unoccupied. There were multiple large patches of ice covering the parking lot.				
OFFICER/SUPERVISOR SIGNATURE 		SKETCH HOW ACCIDENT OCCURRED 		
		INDICATE NORTH BY ARROW NOT TO SCALE		
		parking spaces		
		Dollar General 170 Cherry St.		


## KENT OHIO POLICE DEPARTMENT

## PRIVATE PROPERTY ACCIDENT REPORT

CR NUMBER 16-27851	ACCIDENT DATE	ACCIDENT TIME	DAY OF WEEK	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)				WEATHER
VEHICLE NO. X 3		VEHICLE NO. <sup>4</sup> 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB UNOCCUPIED		DRIVER LAST FIRST MIDDLE DOB UNOCCUPIED		
ADDRESS		ADDRESS		
CITY, STATE, ZIP PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER		
DRIVER'S LICENSE NUMBER STATE		DRIVER'S LICENSE NUMBER STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Gagola Kathy V.		VEHICLE OWNER'S NAME LAST FIRST MIDDLE Horsfall Andrew T.		
ADDRESS 432 Wilson Ave.		ADDRESS 8084 Seasons Rd.		
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240 330-631-6672		CITY, STATE, ZIP PHONE NUMBER Streetsboro, OH 44241 330-204-6579		
VEHICLE YEAR MAKE MODEL COLOR 2011 Ford Focus Silver		VEHICLE YEAR MAKE MODEL COLOR 2007 Ford 500 White		
LICENSE PLATE NUMBER STATE EQZ 8206 OH		LICENSE PLATE NUMBER STATE GYZ 4182 OH		
INSURANCE COMPANY State Farm		INSURANCE COMPANY NONE		
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 		PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 		
DESCRIBE HOW ACCIDENT OCCURRED				
OFFICER /SUPERVISOR SIGNATURE A. B. A. #251 / 74-3-2013		SKETCH HOW ACCIDENT OCCURRED		INDICATE NORTH BY ARROW 

## KENT OHIO POLICE DEPARTMENT

## PRIVATE PROPERTY ACCIDENT REPORT

CR NUMBER <b>16-27851</b>	ACCIDENT DATE	ACCIDENT TIME	DAY OF WEEK	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)			WEATHER	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB <b>UNOCCUPIED</b>		DRIVER LAST FIRST MIDDLE DOB		
ADDRESS		ADDRESS		
CITY, STATE, ZIP PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER		
DRIVER'S LICENSE NUMBER STATE		DRIVER'S LICENSE NUMBER STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Struchen Sandra G.</b>		VEHICLE OWNER'S NAME LAST FIRST MIDDLE		
ADDRESS <b>943 Belding Rd. NE</b>		ADDRESS		
CITY, STATE ZIP PHONE NUMBER <b>Hartsville, OH 44632 330-858-3737</b>		CITY, STATE, ZIP PHONE NUMBER		
VEHICLE YEAR MAKE MODEL COLOR <b>2008 Toyota Prius Silver</b>		VEHICLE YEAR MAKE MODEL COLOR		
LICENSE PLATE NUMBER STATE <b>FXP8821 OH</b>		LICENSE PLATE NUMBER STATE		
INSURANCE COMPANY <b>Liberty mutual</b>		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				
OFFICER/SUPERVISOR SIGNATURE <b>ABD #251 / Sgt. [Signature]</b>		SKETCH HOW ACCIDENT OCCURRED <div style="border: 1px solid black; height: 150px; width: 100%;"></div>		INDICATE NORTH BY ARROW <div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>