

CR NUMBER 16-2785i	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
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) University Plaza in front of Dollar General (170 cherry st)	WEATHER No Adverse
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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 PHONE NUMBER Kent, OH 44240 330-280-1216	CITY, STATE, ZIP PHONE NUMBER								
DRIVER'S LICENSE NUMBER STATE RS073760 OH	DRIVER'S LICENSE NUMBER STATE								
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 PHONE NUMBER Ravenna, OH 44266	CITY, STATE, ZIP PHONE NUMBER Akron, OH 44312 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 <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED NONE	PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED 								

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 <i>ASD #251 / Sgt. [Signature]</i>	SKETCH HOW ACCIDENT OCCURRED
	INDICATE NORTH BY ARROW Not to Scale
	Dollar General 170 Cherry St.

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. ⁴ X (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 / [Signature]			SKETCH HOW ACCIDENT OCCURRED <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;"> INDICATE NORTH BY ARROW </div>	

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. 1 5		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB UNOCCUPIED	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS	ADDRESS			
CITY, STATE, ZIP	PHONE NUMBER		CITY, STATE, ZIP	
DRIVER'S LICENSE NUMBER	STATE		DRIVER'S LICENSE NUMBER	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Struchen Sandra G.		VEHICLE OWNER'S NAME LAST FIRST MIDDLE		
ADDRESS 943 Belding Rd. NE		ADDRESS		
CITY, STATE ZIP Hartsville, OH 44632		PHONE NUMBER 330-858-3737		
VEHICLE YEAR MAKE MODEL COLOR 2008 Toyota Prius Silver	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE FXP8821 OH	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY Liberty Mutual	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				
			SKETCH HOW ACCIDENT OCCURRED <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;"> INDICATE NORTH BY ARROW </div>	
OFFICER/SUPERVISOR SIGNATURE ABD #251 / [Signature]				