

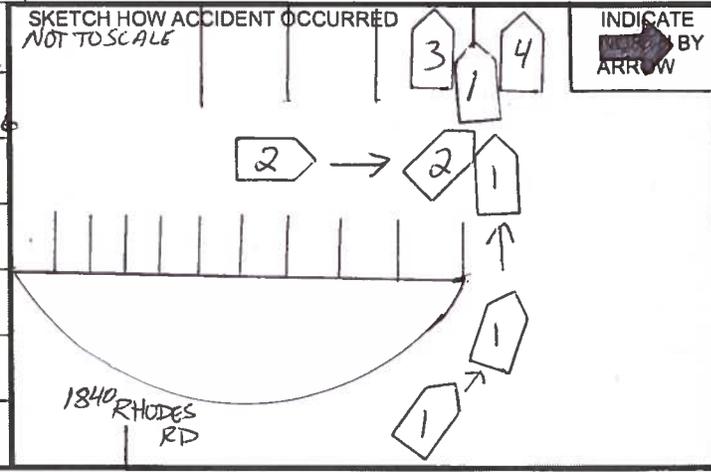
CR NUMBER 17-1066	ACCIDENT DATE 1-16-2017	ACCIDENT TIME 1533	DAY OF WEEK MON	DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1840 RHODES RD. KENT, OH 44240	WEATHER RAIN
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB COLLINS, BARRY F. 9-18-64	DRIVER LAST FIRST MIDDLE DOB ROCHA, JOSE A. 7-31-94								
ADDRESS 9368 ROOT DR.	ADDRESS 1962 PINEVIEW DR.								
CITY, STATE, ZIP PHONE NUMBER STREETSBORO, OH 44241 330-998-5143	CITY, STATE, ZIP PHONE NUMBER KENT, OH 44240 330-285-3059								
DRIVER'S LICENSE NUMBER STATE TX 375 885 OH	DRIVER'S LICENSE NUMBER STATE TX 372 920 OH								
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME	VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME								
ADDRESS	ADDRESS								
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER								
VEHICLE YEAR MAKE MODEL COLOR 2006 LEXUS ES330 BLACK	VEHICLE YEAR MAKE MODEL COLOR 2010 MAZDA 3 GREY								
LICENSE PLATE NUMBER STATE GGW 2809 OH	LICENSE PLATE NUMBER STATE D271727 OH								
INSURANCE COMPANY ERIE INSURANCE / Q116507984	INSURANCE COMPANY HALL GREEN INSURANCE / SSV3401787801-0								
PARTS OF <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT VEHICLE DAMAGED	PARTS OF <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT VEHICLE DAMAGED								

DESCRIBE HOW ACCIDENT OCCURRED
 UNIT 1 WAS LEAVING THE TURNAROUND IN THE PARKING LOT OF 1840 RHODES RD. UNIT 1 STATED HIS FOOT GOT CAUGHT UNDER THE BRAKE PEDAL AND ON THE GAS CAUSING HIM TO ACCELERATE AND UNABLE TO APPLY THE BRAKE. UNIT 1 STRUCK UNIT 2 WHO WAS NORTHBOUND IN THE PARKING LOT. UNIT 1 ALSO SIDESWIPPED UNIT 3 THAT WAS PARKED IN THE PARKING LOT.

UNIT 1 ALSO STRUCK UNIT 4 PUSHING UNIT 4 OUT OF THE PARKING LOT INTO THE WOODS DOWN A HILL EAST OF WHERE UNIT 4 WAS PARKED.
 CONTINUED ON PAGE 2.
 OFFICER / SUPERVISOR SIGNATURE
 AUCKLAND #238 / *[Signature]* #255



CR NUMBER 17-1066	ACCIDENT DATE 1/16/17	ACCIDENT TIME 1533	DAY OF WEEK Mon	<input checked="" 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. 3			VEHICLE NO.		
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB				
ADDRESS			ADDRESS		
CITY, STATE, ZIP	PHONE NUMBER				
DRIVER'S LICENSE NUMBER			STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE KOTSO, JOSEPH J.			VEHICLE OWNER'S NAME LAST FIRST MIDDLE HUANG, YUEXIN		
ADDRESS 900 RIDGE RD. STE A			ADDRESS 1840 RHODES RD. APT B263		
CITY, STATE, ZIP MUNSTER, IN 46321	PHONE NUMBER 678-768-8878				
CITY, STATE, ZIP KENT, OH 44240	PHONE NUMBER 917-963-3813				
VEHICLE YEAR MAKE MODEL COLOR 2013 FORD FOCUS BLUE	VEHICLE YEAR MAKE MODEL COLOR 2014 JEEP COMPASS RED				
LICENSE PLATE NUMBER STATE 976 QAP	LICENSE PLATE NUMBER STATE D936453 OH				
INSURANCE COMPANY STATE FARM / 415780502814			INSURANCE COMPANY No insurance		
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT				
DESCRIBE HOW ACCIDENT OCCURRED UNIT 1 WAS CITED FOR RECKLESS OPERATION ON PRIVATE PROPERTY. UNIT 4 WAS TOWED BY GATEWAY TOWING.					
OFFICER /SUPERVISOR SIGNATURE AUCKLAND #238 / Sgt. [Signature] #255			SKETCH HOW ACCIDENT OCCURRED		
			REFER TO PAGE 1		INDICATE NORTH BY ARROW