

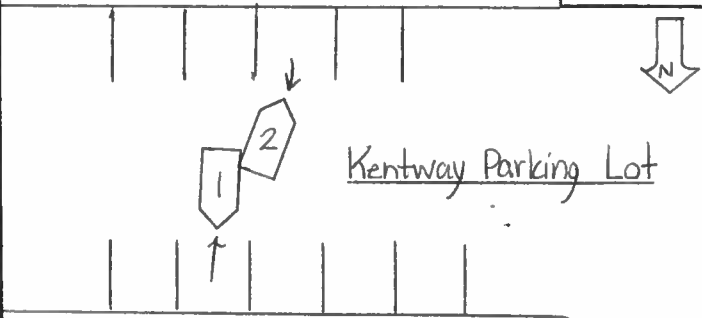
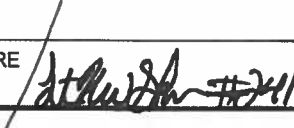



CR NUMBER 17-15915	ACCIDENT DATE 8-1-17	ACCIDENT TIME 1631	DAY OF WEEK TUE	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 360 E. Summit St. Kent, OH 44240			WEATHER Clear	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Camp William F (SR) 6-21-34			DRIVER LAST FIRST MIDDLE DOB Buzbee Carol L. 2-23-1958	
ADDRESS 360 E. Summit St. Apt. #608			ADDRESS 163 E. Main St. Apt. #2	
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240 (330) 474-7872			CITY, STATE, ZIP PHONE NUMBER Ravenna, OH 44266 (330) 631-8718	
DRIVER'S LICENSE NUMBER STATE RS177577 OH			DRIVER'S LICENSE NUMBER STATE RT601498 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 2016 Chevrolet Malibu Silver			VEHICLE YEAR MAKE MODEL COLOR 2015 Chevrolet Sonic Red	
LICENSE PLATE NUMBER STATE HBW5338 OH			LICENSE PLATE NUMBER STATE GPH7403 OH	
INSURANCE COMPANY Progressive - 913895928			INSURANCE COMPANY State Farm - 725432502935D	
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 checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 	
DESCRIBE HOW ACCIDENT OCCURRED Both Units were in reverse at the time of the accident. Unit #2 was backing out of a parking space when the accident occurred. Unit #1 was in reverse, attempting to straighten out the vehicle prior to parking. Right rear passenger in Unit #2 stated they had some lower back pain as a result of the collision. This pass. advised they had on their seatbelt.				
RR pass. info: Abraham J. Billings DL: RQ336346 1049 1 ST ST. Massillon, OH 44646 (330) 809-3061			SKETCH HOW ACCIDENT OCCURRED 360 E. Summit St. 	
OFFICER / SUPERVISOR SIGNATURE PH. Jones #214 			INDICATE NORTH BY ARROW  Drawing not to scale	