

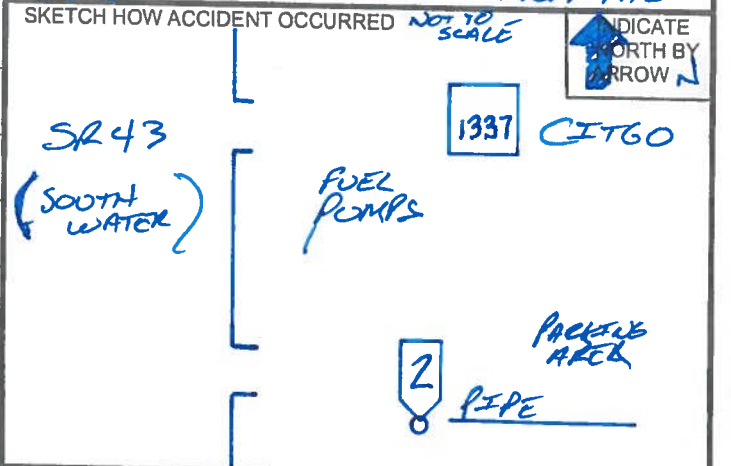
| | | | | |
|----------------------------|--------------------------------|------------------------------|---------------------------|--|
| CR NUMBER 18-356 | ACCIDENT DATE 1-8-18 | ACCIDENT TIME 1158 | DAY OF WEEK MON | <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK |
|----------------------------|--------------------------------|------------------------------|---------------------------|--|

| | |
|--|---------------------------------|
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1337 S. WATER ST. KENT, OH. 44240 | WEATHER SNOW/OVERCAST |
|--|---------------------------------|

| VEHICLE NO. 1 | | | | | VEHICLE NO. 2 (OR PROPERTY DAMAGED) | | | | |
|---------------------------|--------------------------------|-------------------------------|-------------------------------|--------------------------------|-------------------------------------|---|-------------------------------|-------------------------------|--------------------------------|
| DRIVER LAST | FIRST | MIDDLE | DOB | | DRIVER LAST | FIRST | MIDDLE | DOB | |
| | | | | | SCRAGG | LAMY J. | | 11-20-69 | |
| ADDRESS | | | | | ADDRESS | | | | |
| | | | | | 338 E. HIGH ST. | | | | |
| CITY, STATE, ZIP | | | PHONE NUMBER | | CITY, STATE, ZIP | | | PHONE NUMBER | |
| | | | | | LEETONIA, OH. 44431 | | | 234-855-2750 | |
| DRIVER'S LICENSE NUMBER | | | STATE | | DRIVER'S LICENSE NUMBER | | | STATE | |
| | | | | | | | | | |
| VEHICLE OWNER'S NAME LAST | | FIRST | MIDDLE | | VEHICLE OWNER'S NAME LAST | | FIRST | MIDDLE | |
| | | | | | OHIO LOTTERY COMMISSION | | | | |
| ADDRESS | | | | | ADDRESS | | | | |
| | | | | | 615 W. SUPERIOR AVE | | | | |
| CITY, STATE ZIP | | | PHONE NUMBER | | CITY, STATE, ZIP | | | PHONE NUMBER | |
| | | | | | CLEVELAND, OH. 44113 | | | 800-589-6967 | |
| VEHICLE | YEAR | MAKE | MODEL | COLOR | VEHICLE | YEAR | MAKE | MODEL | COLOR |
| | | | | | 18 | | Ford | TRANSIT SEL. | |
| LICENSE PLATE NUMBER | | STATE | | | LICENSE PLATE NUMBER | | STATE | | |
| | | | | | 570218 | | OHIO | | |
| INSURANCE COMPANY | | | | | INSURANCE COMPANY | | | | |
| | | | | | STATE OF OHIO SELF INSURED | | | | |
| PARTS OF VEHICLE DAMAGED | <input type="checkbox"/> FRONT | <input type="checkbox"/> REAR | <input type="checkbox"/> LEFT | <input type="checkbox"/> RIGHT | PARTS OF VEHICLE DAMAGED | <input checked="" type="checkbox"/> FRONT | <input type="checkbox"/> REAR | <input type="checkbox"/> LEFT | <input type="checkbox"/> RIGHT |
| | | | | | | BUMPER | | | |

DESCRIBE HOW ACCIDENT OCCURRED
THE OPERATOR OF THE VEHICLE PULLED INTO A PARKING SPOT AT CITGO GAS STATION. THE OPERATOR WAS UNAWARE THAT THE FRONT OF THE VEHICLE TRAVELED OVER A METAL PIPE, PIPE WAS BLACK AND BENT OUTWARD. THE PIPE WAS HARD TO SEE BECAUSE OF SNOW THAT WAS PILED UP. THE BUMPER WAS DISLODGED FROM THE

VEHICLE WHEN THE OPERATOR BACKED.



OFFICER / SUPERVISOR SIGNATURE
Butcher #228