

CR NUMBER 25-4638	ACCIDENT DATE 4/5/25	ACCIDENT TIME 2339	DAY OF WEEK Saturday	<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) 1150 Morris Rd.	WEATHER Rain
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST Young	FIRST Lilith	MIDDLE Grace	DOB 6/25/04		DRIVER LAST Epes	FIRST Autumn	MIDDLE Anne	DOB 10/24/85	
ADDRESS 800 E. Summit St. Apt. 261					ADDRESS 1650 S. Lincoln St.				
CITY, STATE, ZIP Kent, OH 44240			PHONE NUMBER		CITY, STATE, ZIP Kent, OH 44240			PHONE NUMBER	
DRIVER'S LICENSE NUMBER			STATE OH		DRIVER'S LICENSE NUMBER			STATE	

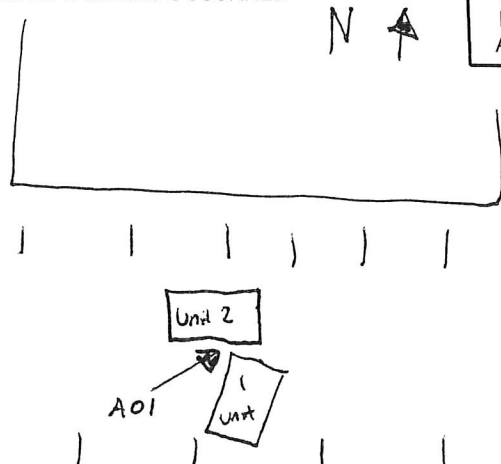
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Eldridge Paul G					VEHICLE OWNER'S NAME LAST FIRST MIDDLE Sera				
ADDRESS 38764 Detroit Rd.					ADDRESS				
CITY, STATE, ZIP Avon, OH 44011			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
VEHICLE YEAR 2010	MAKE Mazda	MODEL 45	COLOR Silver		VEHICLE YEAR 2013	MAKE Honda	MODEL Suv	COLOR Blk	
LICENSE PLATE NUMBER JUH6152		STATE OH			LICENSE PLATE NUMBER FTF4470		STATE OH		
INSURANCE COMPANY USAA - 5991					INSURANCE COMPANY Sonnensberg Insurance SSV-3402731688.1				
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT					PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT				

DESCRIBE HOW ACCIDENT OCCURRED

Unit 1 was backing out of a parking space. Unit 2 was driving west in the parking lot. Unit 1 backed into unit 2. No injuries reported.

SKETCH HOW ACCIDENT OCCURRED

INDICATE NORTH BY ARROW



OFFICER/SUPERVISOR SIGNATURE

[Signature] 241