

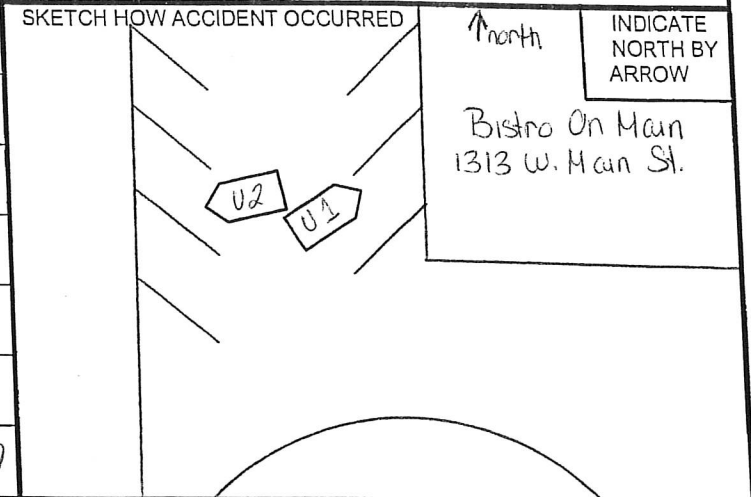
CR NUMBER 25-1161	ACCIDENT DATE 1-27-25	ACCIDENT TIME 5:52pm	DAY OF WEEK Monday	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1313 W. Main St Kent, OH 44240			WEATHER no adverse	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB Mamadaminov, Sherzod 7-8-05	DRIVER LAST FIRST MIDDLE DOB Tahsler, Gary 9-29-70								
ADDRESS 1800 Rhodes Rd. Apt. 357	ADDRESS 3301 Bailey Rd.								
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240	CITY, STATE, ZIP PHONE NUMBER Cuyahoga Falls, OH 44221								
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH								
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Lasписа, Leeann								
ADDRESS	ADDRESS 3301 Bailey Rd.								
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Cuyahoga Falls, OH 44221								
VEHICLE YEAR MAKE MODEL COLOR 2016 Hyun 4D red.	VEHICLE YEAR MAKE MODEL COLOR 2021 Inf. SUV gray								
LICENSE PLATE NUMBER STATE KMP7034 OH	LICENSE PLATE NUMBER STATE KVA3934 OH								
INSURANCE COMPANY Progressive: 989354972	INSURANCE COMPANY Allstate: 826624510								
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+2 were backing out of parking spots. Unit 2 back out to head south+ exit the parking lot. Unit 2 was in the parking lot when Unit 1 packed out of the spot. Unit 1 and Unit 2 collided with the rear

driver side corner. Damage to both cars.



OFFICER / SUPERVISOR SIGNATURE
[Signature] #254 / *[Signature]* #255