CR NUMBER	ACCIDENT	ACCIDEN	T	DAY OF		□ DAYLI		
25-3530	25-3530 DATE 3-16-25 TIME 03		o7 WEEK Su		inday	□ DAWN DARK	AWN OR DUSK ARK	
LOCATION OF ACCIDENT			WEATHER					
295 S. Wai	ter St Kent	. 04	44240	)	- F	Pain		
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)					
DRIVER LAST FIRST MIDDLE DOB			DRIVER LAST FIRST MIDDLE DOB Stein Erika M 05-21-78					
ADDRESS			ADDRESS 2643 Archwood Place					
CITY, STATE, ZIP PHONE NUMBER			CITY, STATE, ZIP CN Falls, OH HHJJ1					
DRIVER'S LICENSE NUMBE	ER ST	TATE	DRIVER'S LICE				STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE			VEHICLE OWNER'S NAME LAST FIRST MIDDLE KOVAL Nadiya M					
ADDRESS			ADDRESS 2643				•	
CITY, STATE ZIP	PHONE NUME	BER	CITY, STATE, Z Cuy. Falls,	OH 4	4221	PHONE NUI		
VEHICLE YEAR M	MAKE MODEL CO	OLOR	VEHICLE 2	YEAR .617	MAKE Hyund.	MODEL Santal	color Fe Silver	
LICENSE PLATE	NUMBER STATE		LICENSE PLAT	E KI	NUMBER HI3 56	STATE.		
INSURANCE COMPANY				- Farm			SFP35	
PARTS OF DEFINITION FRONT DEFINITION PROPERTY DAMAGED			PARTS OF FRONT . REAR . LEFT FRIGHT VEHICLE DAMAGED DISCHED					
DESCRIBE HOW ACCIDEN	IT OCCURRED			Water Laboratory Company				
	was driving		<b>A</b>			11		
295 S. Water St. She got distracted because her							se her	
passengers were yelling at people outside of the								
vehicle. During the process she struck a light								
	ie vehicle		SNETCH HC	W ACCIDE	NT OCCURR	בט	NO THE	
disabled.	There was		_		1			
damage	to the pol	L ,			Lish-	+ Pole	395. S. Water	
			_		. >>	7	54.	
			_	'⁄	,			
OFFICER /SWPERVISOR S	SIGNATURF -							
OFFICER /SUPERVISOR S	1228							