




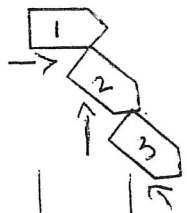
CR NUMBER 25-2052	ACCIDENT DATE 2/14/25	ACCIDENT TIME 0900	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) Starbucks 1005 E. Main St			WEATHER No Adverse	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
Dillon	Maliyah	Alixandra	4/29/05		Henderson	Rachel Elaine		8/29/03	
ADDRESS 733 Beeler Blvd.					ADDRESS 8595 Fairlane Dr.				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
Hamilton, OH 45013					Olmsted Twp, OH 44138				
DRIVER'S LICENSE NUMBER			STATE		DRIVER'S LICENSE NUMBER			STATE	
			OH					OH	
VEHICLE OWNER'S NAME LAST			FIRST	MIDDLE	VEHICLE OWNER'S NAME LAST			FIRST	MIDDLE
Servizi			Alexandria	Marie	Henderson Jr.			Harold	A.
ADDRESS 733 Beeler Blvd					ADDRESS 8595 Fairlane Dr.				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
Hamilton, OH 45013					Olmsted Twp, OH 44138				
VEHICLE	YEAR	MAKE	MODEL	COLOR	VEHICLE	YEAR	MAKE	MODEL	COLOR
2011		Chevy	Impala	White	2013		KIA	Optima	Brown
LICENSE PLATE NUMBER		STATE			LICENSE PLATE NUMBER		STATE		
JCC7449		OH			JWX 3292		OH		
INSURANCE COMPANY Progressive					INSURANCE COMPANY Erie				
PARTS OF VEHICLE DAMAGED <input checked="" 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 				

DESCRIBE HOW ACCIDENT OCCURRED  
 Unit 1 was EB through the Starbucks parking lot. Unit 2 struck Unit 1 while backing out of a parking space. Unit 3 then struck Unit 2.

SKETCH HOW ACCIDENT OCCURRED  
 Starbucks 1005 E Main St

INDICATE NORTH BY ARROW  
  
 Not to Scale



OFFICER /SUPERVISOR SIGNATURE  
 Ofc *[Signature]* #251 *[Signature]*

CR NUMBER 25-2052	ACCIDENT DATE 2/14/25	ACCIDENT TIME 0900	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) Starbucks 1005 E main st.			WEATHER No Adverse	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Paskey Teresa Michelle 3/11/06	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 4175 Maribend Dr.	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Stow, OH 44224	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NI IMRFP STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Kelly Julie N.	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS 3752 Rook Dr.	ADDRESS			
CITY, STATE ZIP PHONE NUMBER Akron, OH 44319	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 2011 Toyota Corolla Gray	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE KBE 2032 OH	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY State Farm	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT None Reported	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED See page #1				
		SKETCH HOW ACCIDENT OCCURRED		INDICATE NORTH BY ARROW
		See page #1		
OFFICER /SUPERVISOR SIGNATURE Ofc <del>ABA</del> #251		