

CR NUMBER 24-13570	ACCIDENT DATE 9/11/24	ACCIDENT TIME 08:27	DAY OF WEEK WED	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 2645 SR 59 RAVENNA, Ohio 44266			WEATHER SUNNY	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Lemmon, Erin, C 9/5/59	DRIVER LAST FIRST MIDDLE DOB Whipple, Elizabeth, J 2/25/56			
ADDRESS 3174 E. RIVER Rd	ADDRESS 501 Lafayette Ave			
CITY, STATE, ZIP PHONE NUMBER Newton Falls, Oh 4444	CITY, STATE, ZIP PHONE NUMBER Ravenna, Ohio 44266			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSF NIIMRFP STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE (SAA)	VEHICLE OWNER'S NAME LAST FIRST MIDDLE (SAA)			
ADDRESS	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 2019 Subaru outback Grey	VEHICLE YEAR MAKE MODEL COLOR 2019 HONDA HR-V Silver			
LICENSE PLATE NUMBER STATE TVN1872 OH	LICENSE PLATE NUMBER STATE ESD 9485 OH			
INSURANCE COMPANY Farmers	INSURANCE COMPANY NATIONWIDE			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT NONE	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT REAR			
DESCRIBE HOW ACCIDENT OCCURRED Unit #1 backed out of a parking spot and struck Unit #2, who was NOT in a parking spot. Damage to Unit #2 only.				
OFFICER / SUPERVISOR SIGNATURE SD [Signature]			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW 	
			SR 59	