

CR NUMBER 25 2911	ACCIDENT DATE 3/3/25	ACCIDENT TIME 15:28	DAY OF WEEK Monday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1410 S. Water St.			WEATHER Cloudy	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
Roe,	Sarah,	Michelle	11/27/98		Williams,	Dillon,	T	5/12/04	
ADDRESS 1148 Hampton Rd					ADDRESS 2178 Lansing Rd				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
Kent, OH 44240					Mogadore OH 44260				
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				
Same as above					Same as above				
ADDRESS					ADDRESS				
↓					↓				
CITY, STATE ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
VEHICLE YEAR	MAKE	MODEL	COLOR		VEHICLE YEAR	MAKE	MODEL	COLOR	
2011	Honda	Element	White		2021	Nissan	Altima	Silver	
LICENSE PLATE NUMBER		STATE			LICENSE PLATE NUMBER		STATE		
JZN 3319		OH			KJF 8354		OH		
INSURANCE COMPANY					INSURANCE COMPANY				
Statefarm 2345 846 SFP 35					Progression 978629729				
PARTS OF VEHICLE DAMAGED					PARTS OF VEHICLE DAMAGED				
<input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT					<input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT				

DESCRIBE HOW ACCIDENT OCCURRED  
 Unit 1 was stopped waiting to enter S. Water St. Unit 2 was directly behind unit 1. Unit 1 began backing up and struck unit 2.

OFFICER/SUPERVISOR SIGNATURE <i>[Signature]</i>	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW
	<p>1410</p> <p>2 1</p> <p>↑ N</p> <p>Not to Scale</p> <p>S. Water St.</p>	

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