


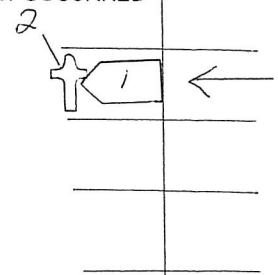
CR NUMBER 25-2117	ACCIDENT DATE 2-15-25	ACCIDENT TIME 1112	DAY OF WEEK SAT	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 320 S. WATER ST. (WALGREENS)	WEATHER SNOW
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED) PEDESTRIAN				
DRIVER LAST FIRST MIDDLE DOB NICHOLS MELISSA K 8-13-92	DRIVER LAST FIRST MIDDLE DOB JOLLIFF, REBECCA S. 3-9-58								
ADDRESS 645 HAZEN AVE APT 203	ADDRESS 466 W. GRANT ST.								
CITY, STATE, ZIP PHONE NUMBER RAVENNA, OH 44266	CITY, STATE, ZIP PHONE NUMBER KENT, OH 44240								
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH								
VEHICLE OWNER'S NAME LAST FIRST MIDDLE KOTNEM, CELIC J.	VEHICLE OWNER'S NAME LAST FIRST MIDDLE								
ADDRESS 645 HAZEN APT 203	ADDRESS								
CITY, STATE ZIP PHONE NUMBER RAVENNA, OH 44266	CITY, STATE, ZIP PHONE NUMBER								
VEHICLE YEAR MAKE MODEL COLOR 2008 CHEVY AVEO SILVER	VEHICLE YEAR MAKE MODEL COLOR								
LICENSE PLATE NUMBER STATE KLT 8179 OH	LICENSE PLATE NUMBER STATE								
INSURANCE COMPANY ERIE / 009 760 9930	INSURANCE COMPANY								
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 type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT INJURED ARM / WRIST.								

DESCRIBE HOW ACCIDENT OCCURRED

UNIT 2 WAS WALKING OUT OF WALGREENS. UNIT 1 WAS PULLING OUT OF A PARKING SPOT AND STRUCK UNIT 2. UNIT 2 TOOK HERSELF TO URGENT CARE.

OFFICER / SUPERVISOR SIGNATURE AUCKLAND #238	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW  Not To Scale
	320 S. WATER ST. (WALGREENS)	
		
	(WALGREENS)	
	(Signature) 150	