





CR NUMBER <b>24-17535</b>	ACCIDENT DATE <b>11-19-24</b>	ACCIDENT TIME <b>0852</b>	DAY OF WEEK <b>Tuesday</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK		
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>5694 Rhodes Rd</b>			WEATHER <b>Cloudy, Rain</b>			
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)			
DRIVER LAST FIRST MIDDLE DOB <b>Green Creed C. 4-14-03</b>	DRIVER LAST FIRST MIDDLE DOB <b>Arthur Alisa R. 2-24-03</b>					
ADDRESS <b>115 N. Main St</b>	ADDRESS <b>2275 Bluegrass Ct.</b>					
CITY, STATE, ZIP PHONE NUMBER <b>Columbiana, OH 44408</b>	CITY, STATE, ZIP PHONE NUMBER <b>Miamisburg, OH 45342</b>					
DRIVER'S LICENSE NUMBER STATE <b>OH</b>	DRIVER'S LICENSE NUMBER STATE <b>OH</b>					
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Same</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Arthur, Anthony W.</b>					
ADDRESS	ADDRESS <b>2275 Bluegrass Ct</b>					
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER <b>Miamisburg, OH 45342</b>					
VEHICLE YEAR MAKE MODEL COLOR <b>2023 KIA K6 Gray</b>	VEHICLE YEAR MAKE MODEL COLOR <b>2018 HONDA CIVIC DRK BLU</b>					
LICENSE PLATE NUMBER STATE <b>KAL1664 OH</b>	LICENSE PLATE NUMBER STATE <b>HQD5121 OH</b>					
INSURANCE COMPANY <b>Grange INS</b>	INSURANCE COMPANY <b>State farm</b>					
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT 	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT 					
DESCRIBE HOW ACCIDENT OCCURRED <b>Unit #3 was parked, backed into a spot, unoccupied. Unit #2 was parked, pulled into the spot directly east of Unit #3. Unit #2 partially reversed from their spot and was struck by Unit #1. Unit #2 was pushed into Unit #3.</b>						
OFFICER /SUPERVISOR SIGNATURE <b>[Signature] #254</b>			SKETCH HOW ACCIDENT OCCURRED			
					↑ INDICATE NORTH BY ARROW Not To Scale	

CR NUMBER <b>24-17535</b>	ACCIDENT DATE	ACCIDENT TIME	DAY OF WEEK	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)			WEATHER	
VEHICLE NO. 3		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB <b>Scheidemantel, Janette L. 11-15-65</b>	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS <b>3170 Royal Berkshire LN</b>	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER <b>Oakland, MI 48363</b>	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE <b>MI</b>	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Same</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR <b>2016 Jeep Wrangler BLK</b>	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE <b>EMF2362 MI</b>	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY <b>Citizens INS.</b>	INSURANCE COMPANY			
PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED 	PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED			
DESCRIBE HOW ACCIDENT OCCURRED				
OFFICER /SUPERVISOR SIGNATURE <b>L/K #256</b>			SKETCH HOW ACCIDENT OCCURRED  <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;">INDICATE NORTH BY ARROW</div>	