
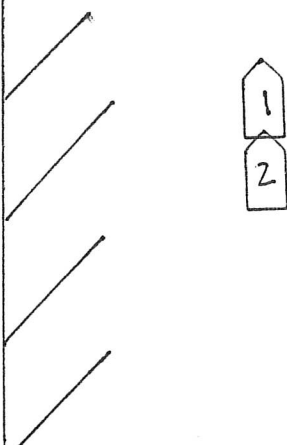


CR NUMBER 24-18944	ACCIDENT DATE 12/23/24	ACCIDENT TIME 1000	DAY OF WEEK Monday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 44 Devon Place			WEATHER Cloudy	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Harvath Bobbi S. 10/29/90	DRIVER LAST FIRST MIDDLE DOB Sasome Autumn E. 03/24/99			
ADDRESS 317 Winnipcd St	ADDRESS 434 Mill Rd			
CITY, STATE, ZIP PHONE NUMBER Akron, OH 44310	CITY, STATE, ZIP PHONE NUMBER Ravenna, OH 44266			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Elder, Micah D.			
ADDRESS	ADDRESS 8747 Holly Springs Trail			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Bainbridge, OH 44023			
VEHICLE YEAR MAKE MODEL COLOR 2015 Scp Latitude Black	VEHICLE YEAR MAKE MODEL COLOR 2010 TOYT Matrix White			
LICENSE PLATE NUMBER STATE T100770 OH	LICENSE PLATE NUMBER STATE SCP 8350 OH			
INSURANCE COMPANY Ohio Indemnity Co.	INSURANCE COMPANY USAA			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT No Damage	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 2 was stopped behind Unit 1 in a parking lot. Unit 1 reversed and struck Unit 2.

SKETCH HOW ACCIDENT OCCURRED



INDICATE NORTH BY ARROW

Not To Scale

411 Devon Pr

OFFICER / SUPERVISOR SIGNATURE
[Signature] #250