

CR NUMBER 25-3062	ACCIDENT DATE 3-06-25	ACCIDENT TIME 1023	DAY OF WEEK Thur	@ DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1400 N. Mantua St TRHS			WEATHER Clear	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Byron, Andrew D 9-12-07	DRIVER LAST FIRST MIDDLE DOB Cooper Bawn J 10-06-07			
ADDRESS 184 Tallwood Dr	ADDRESS 1003 Ashmun Ave			
CITY, STATE, ZIP PHONE NUMBER Tallmadge OH 44278	CITY, STATE, ZIP PHONE NUMBER Tallmadge OH 44278			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Byron, Karen A	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Cooper Jackson Cooper			
ADDRESS 184 Tallwood Dr	ADDRESS 1003 Ashmun Ave			
CITY, STATE, ZIP PHONE NUMBER Tallmadge OH 44278	CITY, STATE, ZIP PHONE NUMBER Tallmadge OH 44278			
VEHICLE YEAR MAKE MODEL COLOR 2007 Toyota Camry Silver	VEHICLE YEAR MAKE MODEL COLOR 2011 Ford Escape SW Blue			
LICENSE PLATE NUMBER STATE HX43774 OH	LICENSE PLATE NUMBER STATE HNA1300 OH			
INSURANCE COMPANY Allstate 826-856-076	INSURANCE COMPANY Allstate 826-247-945			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED Unit #1 was backing out of a parking space when Unit #2 was behind Unit #1. Unit #1 struck Unit #2.				
OFFICER/SUPERVISOR SIGNATURE P.A. #240 / [Signature]			SKETCH HOW ACCIDENT OCCURRED	
INDICATE NORTH BY ARROW				