





CR NUMBER 25-3250	ACCIDENT DATE 3/10/25	ACCIDENT TIME 1817	DAY OF WEEK MON	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) mikes place parking lot (1700 S water st)			WEATHER No Adverse	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Tarver Buzbe Franklin 4/27/59			DRIVER LAST FIRST MIDDLE DOB Watkins Susan Elizabeth 3/10/48	
ADDRESS 402 E Summit St. Apt C			ADDRESS 1754 Gulf St NW	
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240			CITY, STATE, ZIP PHONE NUMBER Uniontown, OH 44685	
DRIVER'S LICENSE NUMBER STATE OH			DRIVER'S LICENSE NUMBER STATE OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME AS DRIVER			VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME AS DRIVER	
ADDRESS			ADDRESS	
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR 1998 Volvo V70 Black			VEHICLE YEAR MAKE MODEL COLOR 2023 Nissan Kicks Blue	
LICENSE PLATE NUMBER STATE V NESS OH			LICENSE PLATE NUMBER STATE AYW 2200 OH	
INSURANCE COMPANY Progressive			INSURANCE COMPANY State Farm	
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 checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 	
DESCRIBE HOW ACCIDENT OCCURRED units 1 and 2 were backing up in the parking lot of mikes place and struck each other. Unit 2 was backing into an empty handicap loading space. Unit 1 was backing up from a non parking space in front of the building to exit the parking lot.				
			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW  NOT TO SCALE	
OFFICER/SUPERVISOR SIGNATURE Ofc [Signature] # 251			mikes place 1700 S water st	