

CR NUMBER 25-3028	ACCIDENT DATE 03-05-25	ACCIDENT TIME 1530	DAY OF WEEK WED	<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) 201 E. Main St (Main St. Auto Lot)	WEATHER Cloudy
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VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
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DRIVER LAST FIRST MIDDLE DOB Burnell, John S. 01-30-62	DRIVER LAST FIRST MIDDLE DOB Commuto, Gianna, E. 07-14-76
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ADDRESS 1022 Mason Ave.	ADDRESS 124 Forest Dr.
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CITY, STATE, ZIP PHONE NUMBER Kent OH 44240	CITY, STATE, ZIP PHONE NUMBER Kent OH 44240
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DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH
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VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same
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ADDRESS	ADDRESS
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CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER
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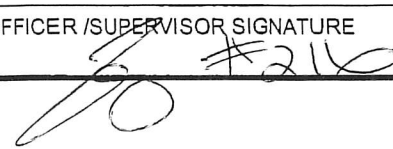

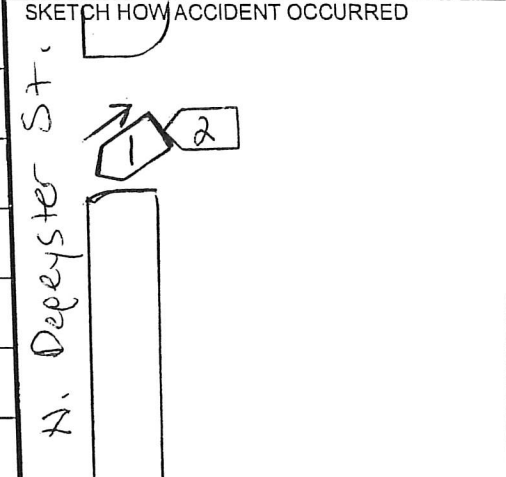
VEHICLE YEAR MAKE MODEL COLOR 2015 Chevrolet Silverado Black	VEHICLE YEAR MAKE MODEL COLOR 2018 Subaru Outback Blue
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LICENSE PLATE NUMBER STATE PKC5618 OH	LICENSE PLATE NUMBER STATE JFG8430 OH
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INSURANCE COMPANY Auto owner's Ins. Co. #5216234301	INSURANCE COMPANY Grange #1182569
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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 checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Bumper / grill
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DESCRIBE HOW ACCIDENT OCCURRED
Unit 1 was backing into a parking space at 201 E. Main St. lot. Unit 2 was traveling westbound through the lot. Unit 1 backed and struck unit 2.

OFFICER / SUPERVISOR SIGNATURE 	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW  * Not to Scale
		201 E. Main St.