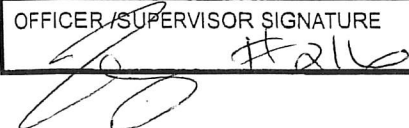
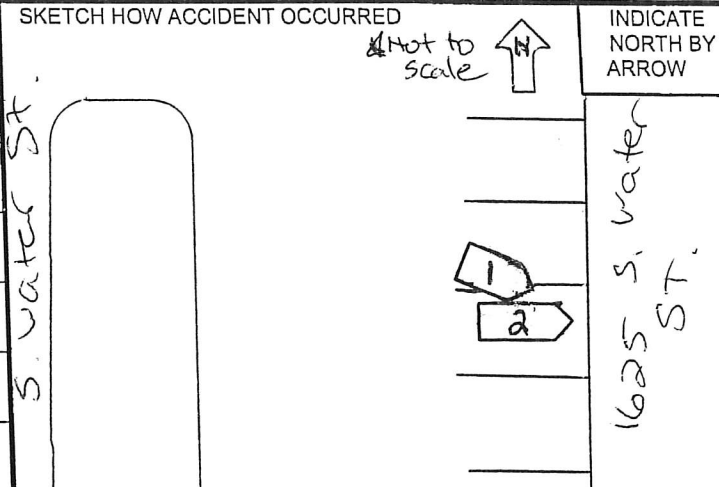


CR NUMBER 25-261	ACCIDENT DATE 01-07-25	ACCIDENT TIME 1634	DAY OF WEEK TUES	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1625 S. Water St. (Dunkin Donuts Lot)			WEATHER CLOUDY	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Kabir Mohammad L. 11-20-88	DRIVER LAST FIRST MIDDLE DOB HAYNES, Andrew J. 01-27-82			
ADDRESS 1840 Rhodes Rd. #261		ADDRESS 460 Noble Pl. NW		
CITY, STATE, ZIP PHONE NUMBER Vent OH 44240		CITY, STATE, ZIP PHONE NUMBER Massillon OH 44647		
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 Same		
ADDRESS		ADDRESS		
CITY, STATE ZIP PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER		
VEHICLE YEAR MAKE MODEL COLOR 2014 Mazda CX-5 Black	VEHICLE YEAR MAKE MODEL COLOR 2015 Ford Transit White			
LICENSE PLATE NUMBER STATE JVN1161 OH	LICENSE PLATE NUMBER STATE KED1582 OH			
INSURANCE COMPANY Progressive 989592431	INSURANCE COMPANY State Fam 22599095FP35			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT Bumper scratches/scuffs	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Side scratches/scuffs			
DESCRIBE HOW ACCIDENT OCCURRED Unit 2 was parked in the lot at 1625 S. water St. Unit 1 struck unit 2 while pulling into a parking space.				
OFFICER / SUPERVISOR SIGNATURE  #216		SKETCH HOW ACCIDENT OCCURRED *Not to scale 		INDICATE NORTH BY ARROW 