

CR NUMBER 25-699	ACCIDENT DATE 1-17-25	ACCIDENT TIME 1829	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1763 E. MAIN ST (DRUGMART)			WEATHER NO ADVERSE	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB BATTAGLIA-HOFFMAN, GRACE 7-25-58	DRIVER LAST FIRST MIDDLE DOB KANNETI, SAISONIL 4-7-01			
ADDRESS 1451 BRIMFIELD DR.	ADDRESS 1951 CAMBRIDGE DR			
CITY, STATE, ZIP KENT, OH 44240	PHONE NUMBER	CITY, STATE, ZIP KENT, OH 44240	PHONE NUMBER	
DRIVER'S LICENSE NUMBER	STATE OH	DRIVER'S LICENSE NUMBER	STATE OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE HOFFMAN, MITCHELL	VEHICLE OWNER'S NAME LAST FIRST MIDDLE CHERUKURI, UMA VARUN			
ADDRESS 1451 BRIMFIELD DR.	ADDRESS 1951 CAMBRIDGE DR			
CITY, STATE ZIP KENT, OH 44240	PHONE NUMBER	CITY, STATE, ZIP KENT, OH 44240	PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR 2018 FORD ECOSPORT BLACK	VEHICLE YEAR MAKE MODEL COLOR 2016 HYUNDAI SONATA BLUE			
LICENSE PLATE NUMBER STATE JTW5678 OH	LICENSE PLATE NUMBER STATE T108635 OH			
INSURANCE COMPANY NATIONWIDE/9234 539 0868	INSURANCE COMPANY PROGRESSIVE/9828 11643			
PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED NONE	PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED REAR BUMPER			

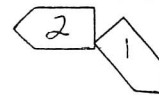
DESCRIBE HOW ACCIDENT OCCURRED

UNIT 2 WAS PARKED IN FRONT OF 1763 E. MAIN ST.
UNIT 1 BACKED OUT OF A PARKING SPOT
AND STRUCK UNIT 2.

SKETCH HOW ACCIDENT OCCURRED

1763 E. MAIN ST. (DRUGMART)

INDICATE NORTH BY ARROW



Not To Scale

OFFICER /SUPERVISOR SIGNATURE

AUCKLAND #238

[Handwritten signature] #250