

CR NUMBER 25-10191	ACCIDENT DATE 7/17/25	ACCIDENT TIME 12:00	DAY OF WEEK Thurs	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1005 E Main St.				WEATHER Clear

VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB Caruth, Cody, Allen 9/13/2002	DRIVER LAST FIRST MIDDLE DOB Getz, Madison, M 7/23/1998
ADDRESS 777 Eastowne Dr #117	ADDRESS 3663 Kent Rd. #5
CITY, STATE, ZIP PHONE NUMBER Rainna OH 44266	CITY, STATE, ZIP PHONE NUMBER Kent, OH 44224
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same as above	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same as above
ADDRESS ↓	ADDRESS ↓
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR 2006 GMC White	VEHICLE YEAR MAKE MODEL COLOR 2017 Honda Civic Blue
LICENSE PLATE NUMBER STATE T 784 151 OH	LICENSE PLATE NUMBER STATE JTX 7147 OH
INSURANCE COMPANY None	INSURANCE COMPANY Geico 6104295446
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 checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT

DESCRIBE HOW ACCIDENT OCCURRED

Unit 1 & Unit 2 were backing out of their respective parking spaces. Both units continued backing until they collided.

OFFICER / SUPERVISOR SIGNATURE

SKETCH HOW ACCIDENT OCCURRED

1005

1

2

E Main St.

INDICATE NORTH BY ARROW

↑

N

Not to Scale