

CR NUMBER 26-6128	ACCIDENT DATE 4-20-26	ACCIDENT TIME 0956	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) 1115 Franklin Ave			WEATHER Sunny	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB Haffert, Kathleen M 9-19-61			
ADDRESS	ADDRESS 4350 Allen Rd			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Stow OH 44224			
DRIVER'S SOCIAL SECURITY NUMBER	DRIVER'S SOCIAL SECURITY NUMBER			
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Stow Munroe Falls City Schools			
ADDRESS	ADDRESS 4350 Allen Rd			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Stow OH 44224			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR 2020 International Navistar Yellow			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE 009261 OH			
INSURANCE COMPANY	INSURANCE COMPANY Stow Munroe Falls City Schools 4444470PKEOHPO1			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED Unit #1 was parked unoccupied when unit #2 was backing up and struck unit #1.				
		SKETCH HOW ACCIDENT OCCURRED 		INDICATE NORTH BY ARROW Not to Scale 1115 Franklin
OFFICER /SUPERVISOR SIGNATURE Brooks / Sgt Sosa #224				