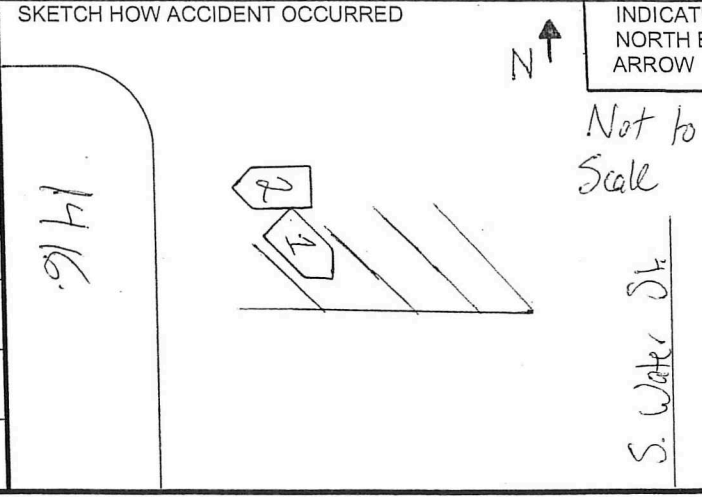


CR NUMBER 26-6354	ACCIDENT DATE 4/24/26	ACCIDENT TIME 10:31 am	DAY OF WEEK Friday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1416 S. Water St.			WEATHER Clear	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST Breedan	FIRST Mark	MIDDLE A	DOB 6/19/1997		DRIVER LAST DeKa	FIRST Connor	MIDDLE V	DOB 7/17/2004	
ADDRESS 515 Spicer St					ADDRESS 595 Juniper Ln				
CITY, STATE, ZIP Akron, OH 44311			PHONE NUMBER		CITY, STATE, ZIP Brunswick, OH 44212			PHONE NUMBER	
DRIVER'S SOCIAL SECURITY NUMBER					DRIVER'S SOCIAL SECURITY NUMBER				
DRIVER'S LICENSE NUMBER			STATE OH		DRIVER'S LICENSF 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 2017	MAKE GMC	MODEL Sierra	COLOR White		VEHICLE YEAR 2017	MAKE Toyota	MODEL Corolla	COLOR Black	
LICENSE PLATE NUMBER KCK 6513		STATE OH			LICENSE PLATE NUMBER JGD 3463		STATE OH		
INSURANCE COMPANY Progressive 869414415					INSURANCE COMPANY Grange 5072360				
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 type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT				

DESCRIBE HOW ACCIDENT OCCURRED
 Unit 1 was parked in a parking stall at 1416 S. Water St. Unit 2 was traveling west through the parking lot. Unit 1 backed out of the parking stall and struck unit 2.



OFFICER/SUPERVISOR SIGNATURE
[Signature] #250