| CR NUMBER ACCIDENT DATE 11-21-25 TIME 1 | 734 WEEK FRI DAWN OR DUSK |
|---|--|
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) WEATHER WEATHER WEATHER WEATHER | |
| VEHICLE NO. 1 | VEHICLE NO. 2 (OR PROPERTY DAMAGED) |
| DRIVER LAST FIRST MIDDLE DOB ROARBAUGH, MINKAYLA 4-7-07 | DRIVER LAST FIRST MIDDLE DOB NICELY, VERONICA 6-30-77 |
| ADDRESS 4964 PHEASONT DOC | ADDRESS 4069 SABIN DR |
| CITY, STATE, ZIP PHONE NUMBER RAVENNA, OH 44266 | CITY, STATE, ZIP PHONE NUMBER |
| DRIVER'S LICENSE NUMBER STATE | DPIVER'S LICENSE NUMBER STATE |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE ROHR BAUGH, APRIL | VEHICLE OWNER'S NAME LAST FIRST MIDDLE NICELY JETTERY |
| ADDRESS 4964 PHEASPANT DR | ADDRESS 4069 SASIN DR |
| CITY, STATE ZIP PHONE NUMBER RAVENN A OH 44266 | CITY, STATE, ZIP PHONE NI IMPER RAVENDA, OH 44266 |
| VEHICLE YEAR MAKE MODEL COLOR, JOIS SECT CHICAGO KEE BLUE | VEHICLE YEAR MAKE MODEL COLOR 2019 FORD MUSTING RED |
| LICENSE PLATE NUMBER STATE KN C 2603 | LICENSE PLATE NUMBER STATE JW 2 6 724 01 |
| INSURANCE COMPANY GETCO G19406108\$ | INSURANCE COMPANY PROBLEMS IVE 901967896 |
| PARTS OF DEFONT DEFORM DEFT DEFT DESCRIPTION OF SERVEN | PARTS OF FRONT - REAR - LEFT - RIGHT VEHICLE DAMAGED |
| DESCRIBE HOW ACCIDENT OCCURRED | |
| UNIT I WAS AULINO OUT OF 1444 E. MAINST. UNIT | |
| 2 WAS BEHIND UNIT 1, UNIT 1 REVERSED AND | |
| 2 WAS BEHIND UNIT 1, UNIT 1 REVERSED AND STRUCK UNIT 2. | |
| SKETCH HOW ACCIDENT OCCURRED INCATE | |
| | SKETCH HOW ACCIDENT OCCURRED NOTTH BY ARROW |
| | Not to |
| | SCALE |
| | 2 |
| | |
| OFFICER /SUPERVISOR SIGNATURE | |
| AUGICIAND #334 / #150 1444 E. MAIN ST | |