

CR NUMBER 26-7745	ACCIDENT DATE 5/18/26	ACCIDENT TIME 18:00	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) 1280 S. Water St.			WEATHER Clear	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Lyons, David, H 7/5/1967	DRIVER LAST FIRST MIDDLE DOB Woods, Lori 9/11/1971			
ADDRESS 2319 Congress Lake Rd	ADDRESS 1623 Leslie Dr.			
CITY, STATE, ZIP PHONE NUMBER Mogadore OH 44700	CITY, STATE, ZIP PHONE NUMBER Strettsboro, OH 44241			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Nutt, Timothy, Michael	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same as above			
ADDRESS 3689 Louise St.	ADDRESS			
CITY, STATE ZIP PHONE NUMBER Mogadore OH 44700	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 2024 Honda Van Blue	VEHICLE YEAR MAKE MODEL COLOR 2021 Lexus Gray			
LICENSE PLATE NUMBER STATE HLT 6340 OH	LICENSE PLATE NUMBER STATE JNT 6616 OH			
INSURANCE COMPANY Stek Farm 1782120 SFP35	INSURANCE COMPANY Progressive 868606480			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input 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 2 was in the drive through of McDonalds on S. Water St and rear ended Unit 1

SKETCH HOW ACCIDENT OCCURRED



INDICATE NORTH BY ARROW

1280



S. Water St

OFFICER/SUPERVISOR SIGNATURE

*[Handwritten signatures]*

Not to scale