

CR NUMBER 26-1550	ACCIDENT DATE 2/2/26	ACCIDENT TIME 2008	DAY OF WEEK Monday	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 715 E Main St			WEATHER wet, cold	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Ruble, Wyatt 5/3/61	DRIVER LAST FIRST MIDDLE DOB Bower, Mason			
ADDRESS 270 McKinny Blvd	ADDRESS 9635 Cherry Hills Dr			
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240	CITY, STATE, ZIP PHONE NUMBER Canfield OH 44406			
DRIVER'S LICFNSF NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Ruble, Nola	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Bower, Mason			
ADDRESS 270 McKinny Blvd	ADDRESS 9635 Cherry Hills Dr			
CITY, STATE ZIP PHONE NUMBER Kent OH 44240	CITY, STATE, ZIP PHONE NUMBER Canfield, OH 44406			
VEHICLE YEAR MAKE MODEL COLOR 2007 White Ford Explorer	VEHICLE YEAR MAKE MODEL COLOR 2019 Ford Explorer GRAY			
LICENSE PLATE NUMBER STATE KRB4438 OH	LICENSE PLATE NUMBER STATE KOW1400 OH			
INSURANCE COMPANY American Fam 404468197-82	INSURANCE COMPANY State Farm 439387-SFP-35			
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 and Unit 2 were both in the parking lot of 715 E Main St. Unit 1 was backing out of a parking spot when Unit 1 struck Unit 2, rear to rear, causing minor damage				
		SKETCH HOW ACCIDENT OCCURRED 		
OFFICER / SUPERVISOR SIGNATURE <i>[Signature]</i> 235				