

CR NUMBER 25-9990	ACCIDENT DATE 07/13/2025	ACCIDENT TIME 1415	DAY OF WEEK SUN	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 295 S. WATER ST			WEATHER CLEAR	

VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB GOLDSTEIN, JONAH B. 01/30/1998	DRIVER LAST FIRST MIDDLE DOB FABER, JENNA E. 04/08/2004		
ADDRESS 2200 HIGH ST APT 671	ADDRESS 5614 CAMPBELL ST		
CITY, STATE, ZIP PHONE NUMBER COLUMBIA FALLS, OH 44222	CITY, STATE, ZIP PHONE NUMBER SANDUSKY, OH 44870		
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH		

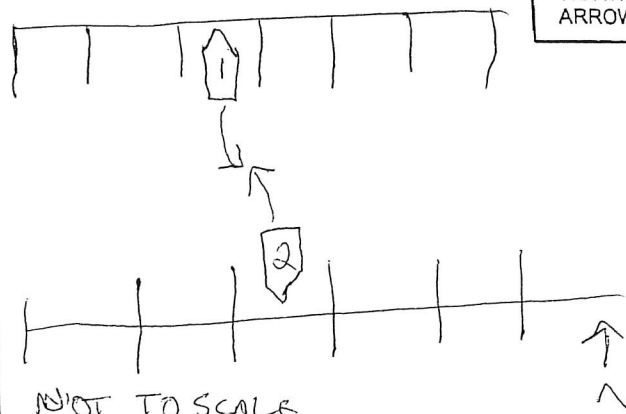
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME AS DRIVER	VEHICLE OWNER'S NAME LAST FIRST MIDDLE FABER, TAD L.
ADDRESS _____	ADDRESS 5614 CAMPBELL ST
CITY, STATE ZIP PHONE NUMBER _____	CITY, STATE, ZIP PHONE NUMBER SANDUSKY, OH 44870
VEHICLE YEAR MAKE MODEL COLOR 2022 HYUNDAI KONA RED	VEHICLE YEAR MAKE MODEL COLOR 2016 FORD ESCAPE RED
LICENSE PLATE NUMBER STATE JWY6433 OH	LICENSE PLATE NUMBER STATE JYL8855 OH
INSURANCE COMPANY MGA INSURANCE COMPANY	INSURANCE COMPANY PROGRESSIVE
PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED	PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED

DESCRIBE HOW ACCIDENT OCCURRED

UNITS 1 AND 2 WERE BACKING OUT OF PARKING SPACES AT THE SAME TIME AND BACKED INTO EACH OTHER. BOTH VEHICLES SUFFERED MINOR DAMAGE AND HAD BEEN MOVED PRIOR TO POLICE ARRIVAL.

SKETCH HOW ACCIDENT OCCURRED

INDICATE NORTH BY ARROW



OFFICER/SUPERVISOR SIGNATURE

12012009 #242