

CR NUMBER 25-2522	ACCIDENT DATE 2-24-25	ACCIDENT TIME 1150	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) 829 BRYCE RD			WEATHER NO ADVERSE	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED) FIRE HYDRANT				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
TUSKES,	STEVEN	J.	7-28-68						
ADDRESS 12834 SAMUEL DR.					ADDRESS				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
MANTUA, OH			44255						
DRIVER'S LICENSE NUMBER				STATE	DRIVER'S LICENSE NUMBER				STATE
				OH					
VEHICLE OWNER'S NAME LAST FIRST MIDDLE					VEHICLE OWNER'S NAME LAST FIRST MIDDLE				
SAME					CITY OF KENT				
ADDRESS					ADDRESS				
					320 S. DEPEYSTER ST.				
CITY, STATE ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
					KENT, OH 44240			330-678-8619	
VEHICLE YEAR MAKE MODEL COLOR					VEHICLE YEAR MAKE MODEL COLOR				
2004 CHEVY ASTRO GRAY									
LICENSE PLATE NUMBER STATE					LICENSE PLATE NUMBER STATE				
KFJ5230		OH							
INSURANCE COMPANY					INSURANCE COMPANY				
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 type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT
					REAR				

DESCRIBE HOW ACCIDENT OCCURRED

UNIT 1 WAS BACKING OUT OF THE DRIVEWAY AT 829 BRYCE RD. UNIT 1 STRUCK THE FIRE HYDRANT WHILE BACKING UP.

AS OF 2-24-25 UNIT 1 HAS NOT SHOWN INSURANCE

OFFICER/SUPERVISOR SIGNATURE  
BUCKLAND #238 *[Signature]*

