

CR NUMBER 25-436	ACCIDENT DATE 1-11-25	ACCIDENT TIME 1848	DAY OF WEEK SAT	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 135 S. WATER ST. (PARKING LOT)	WEATHER NO ADVERSE
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST JAMES	FIRST MOLLY	MIDDLE JEAN	DOB 1-15-1986		DRIVER LAST PARKED	FIRST	MIDDLE	DOB	
ADDRESS 3426 MARIAN RD					ADDRESS				
CITY, STATE, ZIP RAVENNA, OH 44266			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
DRIVER'S LICENSE NUMBER			STATE OH		DRIVER'S LICENSE NUMBER			STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME					VEHICLE OWNER'S NAME LAST FIRST MIDDLE TOUVE MICHELLE D.				
ADDRESS					ADDRESS 5896 MORNING RD				
CITY, STATE ZIP			PHONE NUMBER		CITY, STATE, ZIP KENT, OH 44240			PHONE NUMBER	
VEHICLE 2023	YEAR	MAKE DODGE	MODEL DURANGO	COLOR WHITE	VEHICLE 2006	YEAR	MAKE HONDA	MODEL ACCORD	COLOR SILVER
LICENSE PLATE HQD 3883		NUMBER 3883			LICENSE PLATE GLZ 8862		NUMBER 8862		
INSURANCE COMPANY ALLSTATE 992 938 659					INSURANCE COMPANY STATE FARM 1820725 SFP 35				
PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT VEHICLE DAMAGED PASSENGER SIDE REAR DOOR					PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED PASSENGER DRIVER SIDE				

DESCRIBE HOW ACCIDENT OCCURRED

UNIT 2 WAS PARKED IN THE PARKING LOT BEHIND 135 S. WATER ST. UNIT 1 SLED ON ICE AND STRUCK UNIT 2.

OFFICER / SUPERVISOR SIGNATURE AUCKLAND #238	SKETCH HOW ACCIDENT OCCURRED		INDICATE NORTH BY ARROW