

CR NUMBER 25-5272	ACCIDENT DATE 4/18/25	ACCIDENT TIME 1354	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1763 E. Main St.			WEATHER SUNNY, DRY	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB McMULLEN JOAN L 05/23/37	DRIVER LAST FIRST MIDDLE DOB Unoccupied			
ADDRESS 3022 SR59 Lot B4Z	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Ravenna OH 44266	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAA	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Forcher ANNA K.			
ADDRESS	ADDRESS 8871 Falcon Dr.			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Streetsboro OH 44241			
VEHICLE YEAR MAKE MODEL COLOR 2018 NISSAN Rogue White	VEHICLE YEAR MAKE MODEL COLOR 2015 CADILLAC SRX4 Red			
LICENSE PLATE NUMBER STATE FLT3906 OH	LICENSE PLATE NUMBER STATE JMM2337 OH			
INSURANCE COMPANY Geico 4009-54-09-17	INSURANCE COMPANY Erie Q035506700			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Bumper/wheel well	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Rear Bumper			
DESCRIBE HOW ACCIDENT OCCURRED				
Units 2 and 3 were parked unoccupied in the parking lot of 1763 E. Main St. Unit 1 struck unit 2, sideswiping the rear. Unit 1 then struck Unit 3 in the rear bumper and came to rest. Driver of Unit 1 transported to hospital.				
SKETCH HOW ACCIDENT OCCURRED 1763 E. Main St				↑ INDICATE NORTH BY N ARROW
OFFICER/SUPERVISOR SIGNATURE [Signature] #216				NOT TO SCALE

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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1763 E. Main St.	WEATHER Sunny / DRY
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VEHICLE NO. 3	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB Unoccupied	DRIVER LAST FIRST MIDDLE DOB
ADDRESS	ADDRESS
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Olesh Brian V	VEHICLE OWNER'S NAME LAST FIRST MIDDLE
ADDRESS 313 Lake St.	ADDRESS
CITY, STATE ZIP PHONE NUMBER Kent OH 44240	CITY, STATE, ZIP PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR 2017 NISS Rogue BIK	VEHICLE YEAR MAKE MODEL COLOR
LICENSE PLATE NUMBER STATE HPE1503 OH	LICENSE PLATE NUMBER STATE
INSURANCE COMPANY Grange 5480561	INSURANCE COMPANY
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Bumper	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT

DESCRIBE HOW ACCIDENT OCCURRED

OFFICER /SUPERVISOR SIGNATURE [Signature]	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW