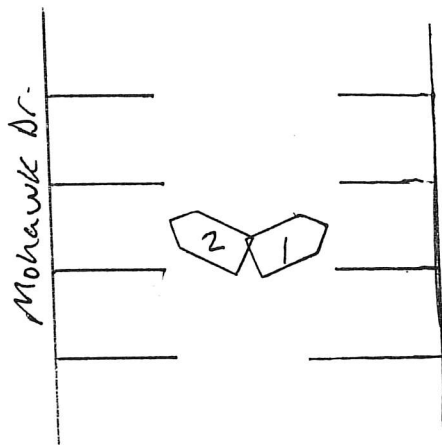


CR NUMBER 25-6819	ACCIDENT DATE 5/16/25	ACCIDENT TIME 1547	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1959 Mohawk Dr. Kent, OH 44240			WEATHER SUNNY / No adverse	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Kulmukhamedov Badirkhon 4-1-2001	DRIVER LAST FIRST MIDDLE DOB Devine Jonathan Edward 6-8-2003			
ADDRESS 17150 Chillicothe Rd.	ADDRESS 1994 Mohawk Dr.			
CITY, STATE, ZIP PHONE NUMBER Chagrin Falls OH 44023	CITY, STATE, ZIP PHONE NUMBER Kent OH 44240			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Kulmukhamedov Bakhodir	VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAA			
ADDRESS 17150 Chillicothe Rd.	ADDRESS			
CITY, STATE ZIP PHONE NUMBER Chagrin Falls OH 44023	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 2023 KIA Forte grey	VEHICLE YEAR MAKE MODEL COLOR 2016 Jeep Patriot grey			
LICENSE PLATE NUMBER STATE JUX3152 OH	LICENSE PLATE NUMBER STATE JYN 8493 OH			
INSURANCE COMPANY State Farm	INSURANCE COMPANY State Farm			
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 No damage			
DESCRIBE HOW ACCIDENT OCCURRED				
Unit(s) 1 and 2 were backing out of parking stalls in front of 1959 Mohawk Dr. Units struck each other causing damage to unit 1 only.				
OFFICER / SUPERVISOR SIGNATURE Sgt 236		SKETCH HOW ACCIDENT OCCURRED 		
		INDICATE NORTH BY ARROW Not to Scale 1959 Mohawk Dr.		