

CR NUMBER 25-7983	ACCIDENT DATE 6/17/25	ACCIDENT TIME 1316 hrs	DAY OF WEEK SAT	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1434 E main st campus BP lot			WEATHER No Adver S-e	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Hughes Jill Ann 9/19/65			DRIVER LAST FIRST MIDDLE DOB Hamilton Angela Denise 8/1/82	
ADDRESS 5614 Giddings Rd			ADDRESS 1684 Athena Dr	
CITY, STATE, ZIP PHONE NUMBER Rootstown, OH 44272			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 Same			VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	
ADDRESS			ADDRESS	
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR 1992 maza MX5 Blue			VEHICLE YEAR MAKE MODEL COLOR 2019 chevy malibu Blue	
LICENSE PLATE NUMBER STATE JH 5156 OH			LICENSE PLATE NUMBER STATE JAS 7793 OH	
INSURANCE COMPANY Allstate			INSURANCE COMPANY Progressive	
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 checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	
DESCRIBE HOW ACCIDENT OCCURRED Unit 2 backed into Unit 1 at the BP Gas pumps.				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SKETCH HOW ACCIDENT OCCURRED E main St. </div> <div style="width: 45%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> ↑ INDICATE NORTH BY ARROW </div> <i>Not to Scale</i> </div> </div>				
OFFICER /SUPERVISOR SIGNATURE Officer #251			* = GAS pump campus BP	