

CR NUMBER 20-15860	ACCIDENT DATE 9-30-20	ACCIDENT TIME 0731	DAY OF WEEK WED	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK	
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1400 N Mantua St			WEATHER Clear		
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)			
DRIVER LAST FIRST MIDDLE DOB Vaughn, Kathryn J 12-21-03	DRIVER LAST FIRST MIDDLE DOB				
ADDRESS 3559 Adaline Dr	ADDRESS				
CITY, STATE, ZIP Stow, OH 44224	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 Puddle Louise C	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Law, Ric L				
ADDRESS 3559 Adaline Dr	ADDRESS 2263 Nomen Dr				
CITY, STATE, ZIP Stow, OH 44224	PHONE NUMBER	CITY, STATE, ZIP Stow, OH 44224		PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR 2007 Toyota Camry GRN	VEHICLE YEAR MAKE MODEL COLOR 2001 CHEV TRK BLK				
LICENSE PLATE NUMBER STATE HSN 4418 OH	LICENSE PLATE NUMBER STATE HUN 1707 OH				
INSURANCE COMPANY Liberty Mutual / A022884932294005	INSURANCE COMPANY Allstate 926614285				
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT Bumper	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT Hit tire / no obvious damage				
DESCRIBE HOW ACCIDENT OCCURRED Vehicle #2 was unoccupied and parked in the student parking lot at RHS. Vehicle #1 turned left into a parking spot and struck the front <del>left</del> right tire of Unit #2. Vehicle #1 damaged the bumper of the vehicle #1.					
OFFICER / SUPERVISOR SIGNATURE #240 [Signature] #214		SKETCH HOW ACCIDENT OCCURRED Not to Scale			INDICATE NORTH BY ARROW