

CR NUMBER 24-17828	ACCIDENT DATE 11/25/24	ACCIDENT TIME 11:59	DAY OF WEEK Mon	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) Parking lot behind 809 Silver Meadows Blvd			WEATHER N/A	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Deatley James Thomas 12/22/75	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 1171 Idlewood Dr	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Macedon OH 44260	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 Strunk Brian Glenn			
ADDRESS	ADDRESS 510 Otter Ave NE			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER East Canton OH 44730			
VEHICLE YEAR MAKE MODEL COLOR 2006 Dodge 1500 Red	VEHICLE YEAR MAKE MODEL COLOR 2011 Ford F150 Blue			
LICENSE PLATE NUMBER STATE KSA4562 OH	LICENSE PLATE NUMBER STATE KDP3757 OH			
INSURANCE COMPANY None	INSURANCE COMPANY Allstate			
PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED	PARTS OF <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED			
DESCRIBE HOW ACCIDENT OCCURRED Unit 2 was parked. Unit 1 backed into Unit 2 and pulled forward pulling the bumper off.				
OFFICER /SUPERVISOR SIGNATURE [Signature]			SKETCH HOW ACCIDENT OCCURRED	