

CR NUMBER 20-8636	ACCIDENT DATE 6-2-20	ACCIDENT TIME 1506	DAY OF WEEK TUE	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1089 W. MAIN ST.			WEATHER NO ADVERSE	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB STUMP, BRAXTON CHARLES 12-6-96	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 1670 HAMPTON RD.	ADDRESS			
CITY, STATE, ZIP AKRON, OH, 44305	CITY, STATE, ZIP		PHONE NUMBER	
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER		STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAYNE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE CAB EAST LLC			
ADDRESS	ADDRESS 5744 LAKEWOOD RD.			
CITY, STATE ZIP	CITY, STATE, ZIP		PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR 1999 FORD F250 RED	VEHICLE YEAR MAKE MODEL COLOR 2017 FORD FUSION BLK			
LICENSE PLATE NUMBER STATE HO 85302 OH	LICENSE PLATE NUMBER		STATE	
INSURANCE COMPANY PROGRESSIVE	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT NONE.	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT FRONT CENTER.			
DESCRIBE HOW ACCIDENT OCCURRED				
<p>VEH 2 WAS BACKED INTO A PARKING SPACE FACING SOUTH IN THE NORTHEAST CORNER OF 1089 W. MAIN ST. VEH 2 WAS PARKED AND UNOCCUPIED. VEH 1 WAS FACING NORTH AND FACING VEH 2. VEH 1 PULLED OFF A TOW TRUCK AND TURNED LEFT AND STRUCK VEH 2.</p>				
		SKETCH HOW ACCIDENT OCCURRED DRAWING APPROX. NOT TO SCALE.		INDICATE NORTH BY ARROW
OFFICER/SUPERVISOR SIGNATURE [Signature]		1089 W. MAIN ST. 		
		W. MAIN ST.		

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