

CR NUMBER 23-10376	ACCIDENT DATE 7-04-23	ACCIDENT TIME 1154	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) Sheetz 600 N Mantua St			WEATHER Clear	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Rigglerman Martin E 2-27-58	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 1921 Maple Rd	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Stow OH 44224	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Dixon, Fredrick P	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS 408 Park Ave	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240			
VEHICLE YEAR MAKE MODEL COLOR 2005 Chevy Uplander Silver	VEHICLE YEAR MAKE MODEL COLOR 2019 Ford Ford Escape Silver			
LICENSE PLATE NUMBER STATE 2G15PM OH	LICENSE PLATE NUMBER STATE AKJ 3096 OH			
INSURANCE COMPANY Geico 4349779209	INSURANCE COMPANY State Farm 1881271-SFP35			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED Vehicle #2 was parked at pump #3 and driver was outside vehicle. Vehicle #1 attempted to pull into pump #2. Vehicle #2 was struck by Vehicle #1. Vehicle #1 had damage from a previous accident where it struck Vehicle #2				
			SKETCH HOW ACCIDENT OCCURRED Dixon is Approx Not to Scale 	
OFFICER /SUPERVISOR SIGNATURE [Signature] #240			N. Mantua St	