

CR NUMBER 22-11929	ACCIDENT DATE 07/17/22	ACCIDENT TIME 0240	DAY OF WEEK Sunday	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 295 S Water St. Parking Lot	WEATHER Clear/No Adverse
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VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB Pittman Tyler Anthony 11/16/99	DRIVER LAST FIRST MIDDLE DOB Wolfe Faith Elizabeth 01/12/01
ADDRESS 4751 Stow Rd	ADDRESS 828 Laurel Dr
CITY, STATE, ZIP Stow OH 44224	CITY, STATE, ZIP Tollman OH 44278
PHONE NUMBER	PHONE NUMBER
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH

VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE
Cayner Kimberly Ann	Blair Robert Pierce
ADDRESS Same	ADDRESS 170 Oakhurst Dr
CITY, STATE, ZIP	CITY, STATE, ZIP Munroe Falls OH 44262
PHONE NUMBER	PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR 2011 CHEV Malibu Gray	VEHICLE YEAR MAKE MODEL COLOR 2013 CHRYSLER 200 Gray
LICENSE PLATE NUMBER STATE HVM1334 OH	LICENSE PLATE NUMBER STATE HLF1990 OH
INSURANCE COMPANY State Farm # 783 358 6V05 ³⁵⁰	INSURANCE COMPANY Progressive # 40699167
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input 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 1 was legally parked in a stall directly across from where Unit 2 was parked. Unit 2 then backed up and struck Unit 1, which was unoccupied.

OFFICER /SUPERVISOR SIGNATURE Moore 252	<p>SKETCH HOW ACCIDENT OCCURRED</p> <p>INDICATE NORTH BY ARROW</p>
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