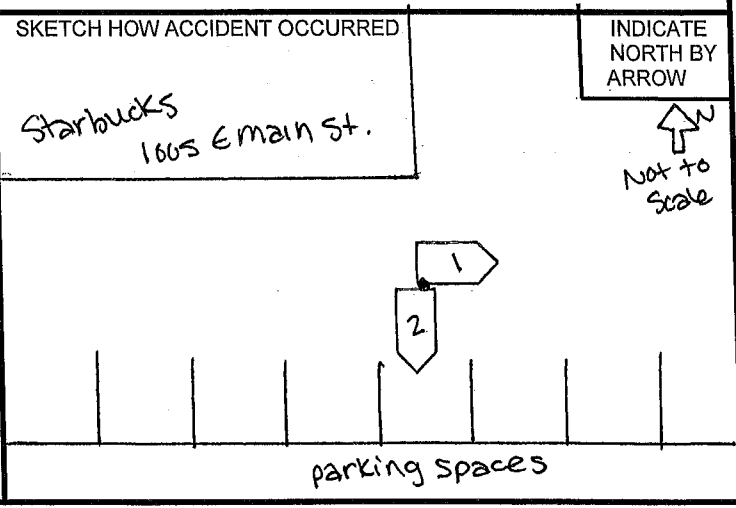


CR NUMBER 24-973	ACCIDENT DATE 1/23/24	ACCIDENT TIME 0925	DAY OF WEEK Tue	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) Starbucks parking lot 100 S E main st.			WEATHER Rain	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Butto Nicholas L 11/6/92	DRIVER LAST FIRST MIDDLE DOB Lambert Natalie Marie 1/15/03			
ADDRESS 702 mae st	ADDRESS 815 S. Water St.			
CITY, STATE, ZIP Kent, OH 44240	CITY, STATE, ZIP Kent, OH 44240			
PHONE NUMBER	PHONE NUMBER			
DRIVER'S LICENSE NUMRFR OH	DRIVER'S LICENSE NUMRFR OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME AS DRIVER	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Lambert Allen Richard			
ADDRESS	ADDRESS 6002 St. Rt. 113 E			
CITY, STATE ZIP Kent, OH 44240	CITY, STATE, ZIP Berlin Heights, OH 44814			
PHONE NUMBER	PHONE NUMRFR			
VEHICLE YEAR MAKE MODEL COLOR 2011 Toyota Corolla Grey	VEHICLE YEAR MAKE MODEL COLOR 2013 Ford Edge Black			
LICENSE PLATE NUMBER STATE HLC6206 OH	LICENSE PLATE NUMBER STATE GOM9802 OH			
INSURANCE COMPANY All State	INSURANCE COMPANY Liberty Mutual			
PARTS OF VEHICLE DAMAGED <input 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 type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 			

DESCRIBE HOW ACCIDENT OCCURRED  
Unit 2 was backing out of a parking space in the Starbucks parking lot and struck Unit 1 who was EB through the lot.



OFFICER /SUPERVISOR SIGNATURE  
Ofc *AB* #251

*Whole*