

CR NUMBER 26-8992	ACCIDENT DATE 6/10/26	ACCIDENT TIME 11:52	DAY OF WEEK Wedn	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1416 S. Water St			WEATHER Clear	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Unoccupied			DRIVER LAST FIRST MIDDLE DOB Stump, Mallory, Ann 6/29/2009	
ADDRESS			ADDRESS 3731 Homestead Rd	
CITY, STATE, ZIP			CITY, STATE, ZIP Rockstown, OH 44266	
PHONE NUMBER			PHONE NUMBER	
DRIVER'S LICENSE NUMBER			DRIVER'S LICENSE NUMBER	
STATE			STATE OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE			VEHICLE OWNER'S NAME LAST FIRST MIDDLE	
Mills, Gayle, Lynn			Long, Nicole, Marie	
ADDRESS 3860 Heron Creek Dr			ADDRESS 2834 Old Forge Rd	
CITY, STATE, ZIP			CITY, STATE, ZIP Kent, OH 44240	
PHONE NUMBER			PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR			VEHICLE YEAR MAKE MODEL COLOR	
2016 Chevrolet SUV Silver			2014 BMW SUV Black	
LICENSE PLATE NUMBER STATE			LICENSE PLATE NUMBER STATE	
GXR 4191 OH			KYP 5311 OH	
INSURANCE COMPANY			INSURANCE COMPANY	
Progressive 868164982			Grange 4941101	
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" 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				
<p>Unit 1 was parked and unoccupied in the parking lot of 1416 S. Water St. Unit 2 backed out of a parking spot and struck unit 1. Unit 2 then left the scene without leaving information.</p> <p>The driver of unit 2 did not believe there to be damage. Two witness observed the crash and provided information of unit 2. Unit 2 cited.</p>				
OFFICER / SUPERVISOR SIGNATURE <i>[Signature]</i>			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW	