



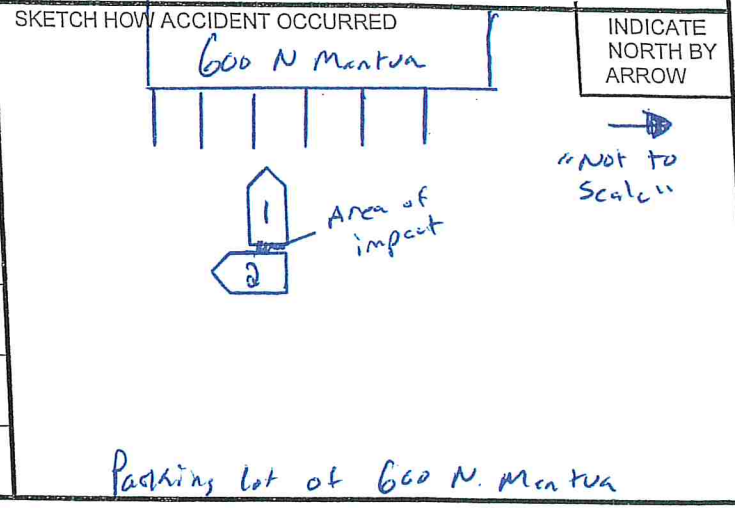
CR NUMBER 23-1040	ACCIDENT DATE 6/30/23	ACCIDENT TIME 1730	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 600 N. MANTUA ST. (Sheets Parking lot)	WEATHER Clear
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB Rinehart David L 7/2/71	DRIVER LAST FIRST MIDDLE DOB Levey Brenden M 8/23/03								
ADDRESS 427 Rockwell st	ADDRESS 1104 Sheerbrook Dr								
CITY, STATE, ZIP PHONE NUMBER Ment, OH 41240	CITY, STATE, ZIP PHONE NUMBER Chagrin Falls, OH 44022								
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSF NI IMRFR STATE OH								
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Levey Marc A								
ADDRESS	ADDRESS SAME AS DRIVER								
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER SAME AS DRIVER								
VEHICLE YEAR MAKE MODEL COLOR 2014 Honda Accord Silver	VEHICLE YEAR MAKE MODEL COLOR 2014 Honda Accord Silver								
LICENSE PLATE NUMBER STATE June 2014 OH	LICENSE PLATE NUMBER STATE HW 8171 OH								
INSURANCE COMPANY Progressive	INSURANCE COMPANY Progressive								
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 type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT 								

DESCRIBE HOW ACCIDENT OCCURRED

Unit #2 was traveling S/B through Sheets Parking lot. Unit #1 was backing out of a parking spot, traveling S/B. Unit #1 struck Unit #2 as Unit #1 was backing out and Unit #2 was traveling.



OFFICER / SUPERVISOR SIGNATURE
[Signature] Lt. #228