

CR NUMBER 20-9495	ACCIDENT DATE 6-17-20	ACCIDENT TIME 2:36 PM	DAY OF WEEK WED	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1124 West Main St. (A+W)			WEATHER Clear	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Whitmer Janet L. 2-24-57	DRIVER LAST FIRST MIDDLE DOB Schrock, Michael W. 3-2-69			
ADDRESS 5221 Sunnybrook Rd Apt #108	ADDRESS 1484 Traces Rd			
CITY, STATE, ZIP Kent, OH 44240	CITY, STATE, ZIP Mogadore, OH 44260			
PHONE NUMBER	PHONE NUMBER			
DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE NUMBER			
STATE OH	STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME	VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME			
ADDRESS	ADDRESS			
CITY, STATE ZIP	CITY, STATE, ZIP			
PHONE NUMBER	PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 2000 CHEV BLAZER BLU	VEHICLE YEAR MAKE MODEL COLOR 2019 CHEV SILV BROWN			
LICENSE PLATE NUMBER STATE KO22060 OH	LICENSE PLATE NUMBER STATE FMH8432 OH			
INSURANCE COMPANY Progressive	INSURANCE COMPANY Eric INS.			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT None	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 parked in the spot marked 30 at A+W. Unit 2 was parked directly east in her own spot. Unit 2 backed to leave and struck Unit 1. I observed a small mark to the front bumper.				
OFFICER /SUPERVISOR SIGNATURE 			SKETCH HOW ACCIDENT OCCURRED	
			INDICATE NORTH BY ARROW <i>W.A. Cozzell</i>	