

CR NUMBER 25-11959	ACCIDENT DATE 8/20/25	ACCIDENT TIME 1156	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) 1111 W. Main St. Toyota of Kent			WEATHER Cloudy / Rain	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Parked		DRIVER LAST FIRST MIDDLE DOB Sobieski, Jack, Jan 1/9/1939		
ADDRESS		ADDRESS 127 Linden St.		
CITY, STATE, ZIP PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240		
DRIVER'S LICENSE NUMBER STATE		DRIVER'S LICENSE NUMBER STATE OH		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Decker Tire LLC		VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same		
ADDRESS 12930 Dorice Pkwy		ADDRESS		
CITY, STATE ZIP PHONE NUMBER Strongsville, OH 44149		CITY, STATE, ZIP PHONE NUMBER		
VEHICLE YEAR MAKE MODEL COLOR 2016 ISU NPR white		VEHICLE YEAR MAKE MODEL COLOR 2011 Toyota Sienna GRAY		
LICENSE PLATE NUMBER STATE PKA 7971 OH		LICENSE PLATE NUMBER STATE HX H7209 OH		
INSURANCE COMPANY Travelers: TC 25CAP-98529388		INSURANCE COMPANY Progressive: 977 587 652		
PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT		PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT		
VEHICLE DAMAGED		VEHICLE DAMAGED		
DESCRIBE HOW ACCIDENT OCCURRED				
Unit #1 was parked/unloading tires and unoccupied.				
Unit #2 backed out of a parking spot and struck unit #1 on the passenger side.				
OFFICER/SUPERVISOR SIGNATURE Lt J. Nelson Lt [Signature] 232		SKETCH HOW ACCIDENT OCCURRED 		