

CR NUMBER 24-7198	ACCIDENT DATE 5/16/24	ACCIDENT TIME 2019 hrs	DAY OF WEEK WThrs	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1444 E Main St			WEATHER Sunny	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Schorer, William			DRIVER LAST FIRST MIDDLE DOB Yamokoski, Camden 9/17/2004	
ADDRESS 170 McCracken RD			ADDRESS 2320 Harvester Dr	
CITY, STATE, ZIP PHONE NUMBER Streetsboro OH 44241			CITY, STATE, ZIP PHONE NUMBER Stow OH 44224	
DRIVER'S LICENSE NUMBER STATE OH			DRIVER'S LICENSE NUMBER STATE OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Schorer, Shanda			VEHICLE OWNER'S NAME LAST FIRST MIDDLE Yamokoski, James	
ADDRESS 170 McCracken RD			ADDRESS 2320 Harvester Dr	
CITY, STATE ZIP PHONE NUMBER Streetsboro OH 44241			CITY, STATE, ZIP PHONE NUMBER Stow OH 44224	
VEHICLE YEAR MAKE MODEL COLOR 2014 Nissan Versa SLV			VEHICLE YEAR MAKE MODEL COLOR 2019 Honda Civic SLV	
LICENSE PLATE NUMBER STATE SBN8145 OH			LICENSE PLATE NUMBER STATE SSF9711 OH	
INSURANCE COMPANY Progressive 956227068			INSURANCE COMPANY Liberty Mutual	
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 REAR	
DESCRIBE HOW ACCIDENT OCCURRED Unit 1 and 2 were parked at 1444 E Main St. Unit 1 backed out of his parking spot, striking Unit 2 in the rear with his rear.				
			SKETCH HOW ACCIDENT OCCURRED 	
OFFICER /SUPERVISOR SIGNATURE Ptl [Signature] #214				