


CR NUMBER 23-2516	ACCIDENT DATE 02-16-23	ACCIDENT TIME 1203	DAY OF WEEK THU	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1510 S. Water St. (Restore Lot)			WEATHER Rain	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Schumann, Robert J. 0409-1951			DRIVER LAST FIRST MIDDLE DOB Moumdjian, Mia J. 04-26-01	
ADDRESS 1676 Countryview Dr			ADDRESS 1099 Forest Bay Ct	
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240			CITY, STATE, ZIP PHONE NUMBER Waterford MI 48328	
DRIVER'S LICENSE NI IMPED STATE OH			DRIVER'S LICENSE NUMBER STATE MI	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same			VEHICLE OWNER'S NAME LAST FIRST MIDDLE Moumdjian, Linda L.	
ADDRESS			ADDRESS 1099 Forest Bay Ct	
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER Waterford MI 48328	
VEHICLE YEAR MAKE MODEL COLOR 2014 Chevrolet Traverse Gray			VEHICLE YEAR MAKE MODEL COLOR 2008 Toyota Camry Red	
LICENSE PLATE NUMBER STATE FJK4957 OH			LICENSE PLATE NUMBER STATE DXP0194 MI	
INSURANCE COMPANY State Farm 18824975FP 35			INSURANCE COMPANY Farm Bureau PA-11067762	
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Driver's Door			PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT Bumper	
DESCRIBE HOW ACCIDENT OCCURRED Units 1 and 2 were traveling eastbound through the parking lot at 1510 S. Water St. Unit 2 merged over preparing to turn right out of the parking lot and struck unit 1,				
OFFICER/SUPERVISOR SIGNATURE [Signature]			SKETCH HOW ACCIDENT OCCURRED 1510 S. Water St.	
			INDICATE NORTH BY ARROW  Not to scale	
			