

CR NUMBER 20-14942	ACCIDENT DATE 09-15-20	ACCIDENT TIME 1353	DAY OF WEEK Tue	<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) 1005 E. Main St.	WEATHER No Adverse
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VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB Phillips, Daniel L. 2-26-94	DRIVER LAST FIRST MIDDLE DOB Coyne, Jenn E. 5-22-99
ADDRESS 9425 Steffner Dr.	ADDRESS 333 Tonkin Ct.
CITY, STATE, ZIP PHONE NUMBER Streetsboro OH 44241	CITY, STATE, ZIP PHONE NUMBER Kent OH 44240
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE NY
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Coyne, Yvonne D.
ADDRESS	ADDRESS 2941 Clover St.
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Pittsford NY 14534
VEHICLE YEAR MAKE MODEL COLOR 2002 Ford Escape Yellow	VEHICLE YEAR MAKE MODEL COLOR 2019 Chevy Trax Gray
LICENSE PLATE NUMBER STATE HUR2591 OH	LICENSE PLATE NUMBER STATE JKA2269 NY
INSURANCE COMPANY Progressive 9303 78082	INSURANCE COMPANY State Farm
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Bumper	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Bumper

DESCRIBE HOW ACCIDENT OCCURRED
 Vehicle #1 was stopped facing East in isle at 1005 E Main St. Vehicle #2 was parked in the parking lot of 1005 E. Main St facing South. Vehicle #2 began backing in a Northbound direction and struck Vehicle #1.

OFFICER /SUPERVISOR SIGNATURE T. Cole / Lt Short # 228	SKETCH HOW ACCIDENT OCCURRED Starbucks	<input checked="" type="checkbox"/> INDICATE NORTH BY ARROW <small>North to South</small>
	1005 E Main St.	