

CR NUMBER 20-10237	ACCIDENT DATE 7-1-20	ACCIDENT TIME 0946	DAY OF WEEK Wednesday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1588 Stratford Dr.			WEATHER Warm, Sunny	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Hruby, Blaise A. 6-5-88	DRIVER LAST FIRST MIDDLE DOB Murray Hannah L. 8-7-97			
ADDRESS 3393 Hiwood Ave.	ADDRESS 3122 Stockbridge Dr.			
CITY, STATE, ZIP Stow OH 44224	PHONE NUMBER [REDACTED]	CITY, STATE, ZIP Stow OH 44224	PHONE NUMBER [REDACTED]	
DRIVER'S LICENSE NUMBER [REDACTED]	STATE [REDACTED]	DRIVER'S LICENSE NUMBER [REDACTED]	STATE [REDACTED]	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same			
ADDRESS	ADDRESS			
CITY, STATE ZIP	PHONE NUMBER	CITY, STATE, ZIP	PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR Kia Forte Black	VEHICLE YEAR MAKE MODEL COLOR Chevy Cobalt Yellow			
LICENSE PLATE NUMBER STATE K705744 OH	LICENSE PLATE NUMBER STATE HRW8124 OH			
INSURANCE COMPANY Safeco	INSURANCE COMPANY Progressive 928139418			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT Rear Pass Door, Fender	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 Unit #1 was driving South in front of 1588 Stratford Dr. Unit #2 was parked in front of 1588 Stratford Dr. facing West. Unit #2 began backing and struck Unit #1.				
OFFICER/SUPERVISOR SIGNATURE T. Cole		SKETCH HOW ACCIDENT OCCURRED 		
		INDICATE NORTH BY ARROW [Arrow pointing up]		