CR NUMBER	ACCIDENT	ACCIDEN	T	DAY OF		DAYLIGHT	/ 6/
24-5078	DATE 4-8-24	TIME 5	.53pm	WEEK MO	nday	DAWN OR DUS	SK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) WEATHER							
1124 W. Hain S	Sunny						
VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)						
DRIVER LAST FIRE	DRIVER LAS			DLE DOB			
Lucarelli, Joann 8-16-61			Wo	If, Har	lie	4-20-8	34
address 3587 Adaline 1	address 2820 Laurel Woods blud						
CITY, STATE, ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER				
Stow, OH 4422	Stow, OH 44224						
DRIVER'S LICENSE NUMBER STATE			DRIVER'S LICE	ENSE NUMBEF	?	STATE	1
VEHICLE OWNER'S NAME LAST FIRST MIDDLE			VEHICLE OWA	IEDIO NAME		<u>Ohio</u>	
Lucarelli, Thomas			VEHICLE OWNER'S NAME LAST FIRST MIDDLE WOLF, Brad				
ADDRESS	ADDRESS						
3587 Adaline	2820 Laurel woods blud						
CITY, STATE ZIP PHONE NUMBER Stow. OH 44224			Stow, O	^{ZIP} IJ UU 2 AU	,	PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR				0.00000		MODEL COLOR	
LICENSE PLATE NUMBER STATE					. ^	cadia wh	
LICENSE PLATE	LICENSE PLA		UMBER	STATE Ohi()			
INSURANCE COMPANY			INSURANCE COMPANY				
Liberty Mutual: AOV2817980567021			State farm:4007204-SFP-35				
PARTS OF DEFRONT DEFARED LEFT DESIGNATION OF DEFARED PARTS OF DEFARED DAMAGED DAMAGED			PARTS OF				
DAMAGED	DAMAGED						
DESCRIBE HOW ACCIDENT OCCURRED							
Unit One + Unit Two were in the left turn lane to leave							
A+W. Unit One then backed into Unit Two. Unit One Stated							
that they backed up because another vehicle was in							
the night lane on W. Main St.							
and would have hit her front				OW ACCIDEN	T OCCURREI	O	INDICATE NORTH BY
						8.	ARROW
end. Minima							
Unit Two, no damage to Unit					ल		
One.			Curt				
				exit	MEIL		
					1 1 1 1		nonth
				¥ 3 ↓	Iñ I		7
OFFICER /SUPERVISOR	_	12	77		$\overline{}$		
Haus I	254/4	In fo	717			wiman st.	