

CR NUMBER 25-291	ACCIDENT DATE 1-8-25	ACCIDENT TIME 12:35	DAY OF WEEK WED	<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) 1460 N. Mantua St (TRHS)	WEATHER Snow
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST Dickerson	FIRST Ryan	MIDDLE S	DOB 12-14-2006		DRIVER LAST	FIRST	MIDDLE	DOB	
ADDRESS 2757 Brookshire Ct					ADDRESS				
CITY, STATE, ZIP Stow OH 44224			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
DRIVER'S LICENSE NUMBER			STATE		DRIVER'S LICENSE NUMBER			STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Dickerson Scott					VEHICLE OWNER'S NAME LAST FIRST MIDDLE Polcyn Andrea M				
ADDRESS 2757 Brookshire Ct					ADDRESS 2102 Ross Dr				
CITY, STATE, ZIP Stow OH 44224			PHONE NUMBER		CITY, STATE, ZIP Stow OH 44224			PHONE NUMBER	
VEHICLE YEAR 2007	MAKE Ford	MODEL Taurus	COLOR Red		VEHICLE YEAR 2013	MAKE Buick	MODEL Verano	COLOR Silver	
LICENSE PLATE NUMBER STATE KH01518 OH					LICENSE PLATE NUMBER STATE KBV8162 OH				
INSURANCE COMPANY Progressive 960 299029					INSURANCE COMPANY Allstate 826 429 380				
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT					PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT				

DESCRIBE HOW ACCIDENT OCCURRED

Vehicle #1 was pulling into a parking spot at TRHS. Vehicle #1 struck Vehicle #2 while pulling into a spot. Vehicle #2 was not occupied at the time.

OFFICER/SUPERVISOR SIGNATURE #240 #255	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW