



CR NUMBER 17-20942	ACCIDENT DATE 10-12-17	ACCIDENT TIME 1953	DAY OF WEEK THUR	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 500 South Water St (CVS Pharmacy)			WEATHER Clear	

VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB TUCCI JAMES P. 12-10-98	DRIVER LAST FIRST MIDDLE DOB SHAFFER, HEIDI L. 06-24-1961
ADDRESS 741 BEACHLER RD	ADDRESS 814 S. Depcyster St
CITY, STATE, ZIP PHONE NUMBER TALLMADGE, OH 44278 (330) 217-9957	CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240 (330) 256-4346
DRIVER'S LICENSE NUMBER STATE OH981109 OH	DRIVER'S LICENSE NUMBER STATE RG041230 OH
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 2005 FORD ESCAPE BLK	VEHICLE YEAR MAKE MODEL COLOR 2007 HOND FIT COPPER
LICENSE PLATE NUMBER STATE HGL7174 OH	LICENSE PLATE NUMBER STATE YOGIFIT OH
INSURANCE COMPANY Cincinnati Insurance	INSURANCE COMPANY Farmers Insurance
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT  Scuffs	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT  Dent

DESCRIBE HOW ACCIDENT OCCURRED

Unit #2 reversed from a parking slot in the parking area of CVS Pharmacy. Unit #1 reversed into Unit #2 as it was already backed and stopped, causing damage.

OFFICER / SUPERVISOR SIGNATURE

[Signature] #250 / *[Signature]* #214

SKETCH HOW ACCIDENT OCCURRED

