

CR NUMBER <i>M-10401</i>	ACCIDENT DATE <i>7/16/24</i>	ACCIDENT TIME <i>1615 hrs</i>	DAY OF WEEK <i>Tues</i>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <i>600 N Mantua St Parking lot</i>			WEATHER <i>N/A</i>	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB <i>Hawthorne, Braylon, S 12/20/2007</i>			
ADDRESS	ADDRESS <i>800 Adamore Dr</i>			
CITY, STATE, ZIP	PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER <i>Kent, OH, 44240</i>	
DRIVER'S LICENSE NUMBER	STATE		DRIVER'S LICENSE NUMBER STATE <i>OH</i>	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <i>Hawthorne, Michelle L</i>			
ADDRESS	ADDRESS <i>800 Adamore Dr</i>			
CITY, STATE ZIP	PHONE NUMBER		CITY, STATE, ZIP PHONE NUMBER <i>Kent OH 44240</i>	
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR <i>2011 Hyundai Veracruz Black</i>			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE <i>K5C2338 OH</i>			
INSURANCE COMPANY	INSURANCE COMPANY <i>Progressive</i>			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED <i>Unit 2 was driving through the parking lot. Unit 1 backed out of its parking space into Unit 2. Both cars drive away. Unable to identify Unit 1.</i>				
OFFICER / SUPERVISOR SIGNATURE <i>[Signature]</i> #220/11/24			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW	