

CR NUMBER <b>22-3824</b>	ACCIDENT DATE <b>3-12-22</b>	ACCIDENT TIME <b>8:26 pm</b>	DAY OF WEEK <b>Saturday</b>	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>623 E. Main St. / five Guys</b>			WEATHER	
<b>VEHICLE NO. 1</b>			<b>VEHICLE NO. 2 (OR PROPERTY DAMAGED)</b>	
DRIVER LAST FIRST MIDDLE DOB <b>Thomas Cade Allen 10-12-99</b>	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS <b>446 Crestwood Dr.</b>	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER <b>Akron, OH 44223</b>	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE <b>Ohio</b>	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>SAME</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Wonderle Thomas James</b>			
ADDRESS	ADDRESS <b>706 Grove Ave</b>			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER <b>Kent, OH 44240</b>			
VEHICLE YEAR MAKE MODEL COLOR <b>2007 Lexus IS Silver</b>	VEHICLE YEAR MAKE MODEL COLOR <b>2008 Ford Taurus Silver</b>			
LICENSE PLATE NUMBER STATE <b>3SU9703 Ohio</b>	LICENSE PLATE NUMBER STATE <b>6BA9637 Ohio</b>			
INSURANCE COMPANY <b>Progressive</b>	INSURANCE COMPANY <b>Grange</b>			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>no damage</b>	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				
<b>unit one entered the parking lot and attempted to turn right to back into a spot but slide hitting unit 2 on the passenger side door / front panel. Unit 2 was unoccupied.</b>				
			SKETCH HOW ACCIDENT OCCURRED 	
OFFICER /SUPERVISOR SIGNATURE				